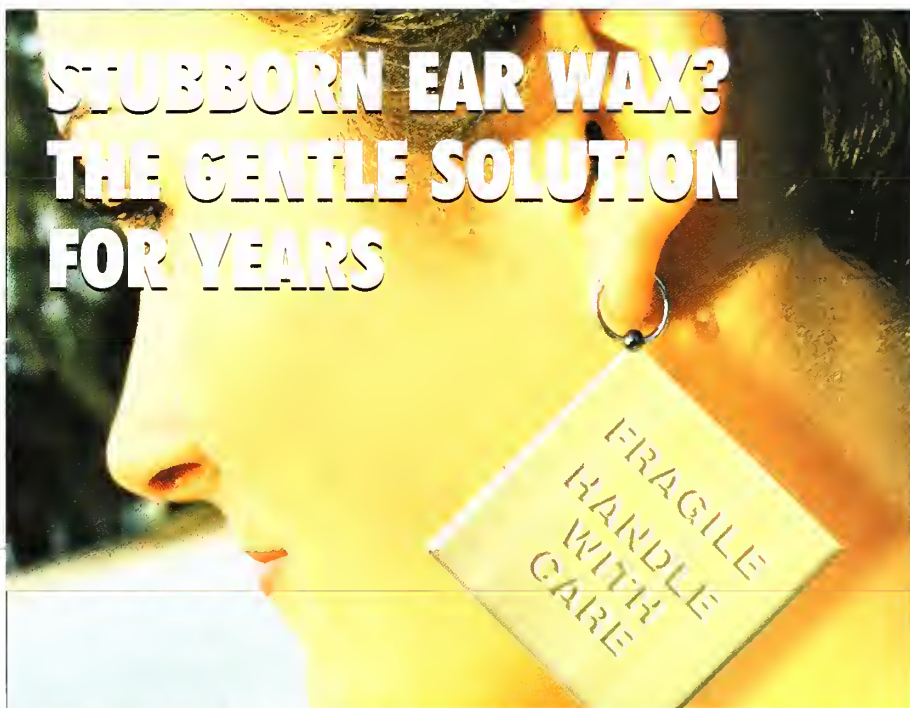






23 April 2005

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Cash profits may fall 25pc under new Drug Tariff

PSNC hopes for contract review on MURs and ETP

Stat Comm case appeal goes to High Court

Justin Ash: meet the man leading Lloydspharmacy



DIABETES

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Tripharmacy



Numark highlights DT losers 4

According to Numark chief executive David Wood (left), contractors stand to suffer serious losses from the new *Drug Tariff* prices that are unlikely to be recovered from advanced and enhanced services. Data from 350 CPXtra members shows an average loss of around 25 per cent in cash profit following the April 1 price changes

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Pharmacy technicians in seven pharmacies in socially deprived areas of Fife are to carry out men's health checks to help meet Scotland's targets on improving men's health

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In her second article on basic bacteriology, Vanessa Sherwood describes common pathogens and some helpful bacteria



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CMP

United Business Media

Numark highlights 'big losers' under new DT

by Adrienne de Mont

Numark has found that contractors stand to suffer serious losses from the new *Drug Tariff* prices that are unlikely to be recovered from advanced and enhanced services.

An analysis of data from 350 of its CPXtra members has shown an average loss around 25 per cent in cash profit following the price changes on April 1. The loss ranges from 10 per cent to 45 per cent, when comparing purchases at March prices with prices for April.

The loss depends on the prescription mix. Pharmacies with a high turnover of simvastatin, pravastatin and ramipril – where the price reduction has been dramatic – will be hit hardest.

One member "lost" £3,000 profit from these medicines alone

in one month.

David Wood, Numark chief executive, said: "These results are alarming as clearly there will be some big losers under the new reimbursement structure."

He is particularly concerned that the impact on each pharmacy depends wholly on the local doctors' prescribing behaviour and there is no rationale behind it.

"There could be two similar pharmacies with identical script numbers and one could be much worse off than the other, through no fault of their own. It's almost like a random scatter gun approach with some pharmacies being shot and not others."

He doubted whether other payments through the new contract would cover this loss. Pharmacies at the lower end of the loss range could make up the shortfall through new services and might even be better off, but the



David Wood: The impact on each pharmacy depends on local doctors' prescribing behaviour

promised £4,600 a year from medication use reviews went nowhere towards offsetting a £3,000 a month loss, he said.

"There must be a robust mechanism in place that assures

the fair funding of independent pharmacists, otherwise this may have a knock-on effect on patient care. The new pricing could push some small pharmacies to the edge of viability for no just reason."

Numark will supply data to PSNC for use in its discussions with the Department of Health. Mr Wood said the recalibrated *Drug Tariff* was published too late to lobby against it and that an earlier, indicative tariff would have been useful.

CPXtra is a generics scheme from Teva available exclusively to Numark members, who can receive competitive prices on more than 400 generics.

Numark is providing CPXtra members with confidential spreadsheets showing the difference in cash profits of a month's purchases against the old and the new tariff.

Sainsbury's to open 45 new pharmacies

Sainsbury's is to open 45 new pharmacies throughout the UK under the latest exemptions to the control of entry regulations.

The outlets will, according to a Sainsbury's spokeswoman Cheryl Kuczynski, adhere to new regulations that allow pharmacies to open for at least 100 hours a week or are part of a retail complex exceeding 15,000 square metres.

Sainsbury's presently has a total of 122 pharmacies all of which, according to Ms Kuczynski, dispense NHS prescriptions.

The news comes on the heels of a senior Sainsbury's management announcement that the chain will build its business as they addressed suppliers at a trade briefing this week.

They hinted strongly at developments in the non-food areas such as pharmacy and clothes.

For more information:
www.sainsbury.co.uk

GENERICS

More disapproval of branded generics

Two pharmacy organisations have told the DoH that 'branded' generics have no clinical benefits over ordinary generics and add costs to the supply process. And difficulty in obtaining supplies can cause delay to patients.

The National Pharmaceutical Association fully supports the DoH proposal that branded generics be moved from the Pharmaceutical Price Regulation Scheme to the new arrangements for reimbursement of generics.

The Company Chemists' Association agrees that removal from the PPRS would close a loophole that reduces competition.

In their replies to the

Department's consultation on reimbursement of branded generics, the associations suggest standard branded generics should be treated like ordinary generics.

The CCA says there should be only two prices for any medicine – the true brand and the generic. To ensure that the NHS does not pay a premium, branded generics could be put on the "blacklist" or treated as pure generics and reimbursed at *Drug Tariff* prices. Blacklisting would require the manufacturers to promote and supply the products in the same way as other generics.

The CCA does not support the proposal that the reimbursement

price should be the lesser of the *Drug Tariff* price or the list price of the standard branded generic. The list price might be lower but not reflect pharmacists' increased handling or stockholding costs.

The use of branded generics also undermines pharmacy's ability to achieve retained purchase profits under the new contract, says the CCA.

The NPA would like a regular review of how the proposal to remove branded generics from the PPRS affects overall pricing.

Similar views have been submitted by PSNC (C&D, March 19, p8).

AdeM

Registration income at RPSGB tops £10million

Registration fees have increased the RPSGB's income by an estimated £2.25million, despite a drop in member numbers.

Of the 44,742 pharmacists on the 2005 register as C&D went to press, 38,370 have registered as

practising and 6,372 as non-practising, said a Society spokesman. Combined with the 835 pharmacy technicians who have joined the voluntary register to date, the Society has received more than £10million in fees.

This compares favourably with last year when the RPSGB's income from fees was £7,895,000. However, over 47,000 pharmacists were on the Society's register on December 31 – over 2,000 more than have registered this year.

Amlodipine move

The Department of Health has moved amlodipine from category M to category A in the *Drug Tariff* for April, May and June following a dramatic rise in its cost price. The reimbursement price will be £8.89 and £12.25 for the 5mg and 10mg strengths respectively.

ZD updates

The DoH has confirmed that a further 24 medicines will be added to the *Drug Tariff*'s zero discount lists from May 1.

The following products will be added to ZD list A (do not require endorsement): Addiphos Inj, Agenerase Capsules and Solution, Additrac Solution, chloramphenicol ear drops, dicobalt edetate inj, ergometrine maleate tabs 500mcg, Glivac tabs 400mg and 100mg t/c, and Peditrace Vials.

The following will be added to ZD list B (require endorsement if no discount received): Anapen Autoinjector, beclometasone cyclocaps, Cytotec tabs 200mcg, Depixol Tabs 3mg, Gonapeptyl Inj, Multiparin 1000u per ml, Nocutil Nasal Spray, Orgalutran Pre-filled Syringe, Peg Introl Vials, Remicade Inj, Robinul Powder, Syntocinon Inj, Syprol Solution and Zamadol Injection.

New committee

PSNC has announced two new sub-committees. Kirit Patel will chair the LPC & implementation support sub-committee, and Ash Soni will chair the service development sub-committee.

PSNC chief executive Sue Sharpe said the former was set up to recognise the challenges the new contract presented to LPC and contractors, while the latter would help to identify opportunities.

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Module 20

Parkinsons Disease

is included with this issue

Newsdesk

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PSNC plans autumn check on pharmacy contract

by Gary Paragpuri

The negotiating body for pharmacy contractors in England and Wales will check on the roll out of the new pharmacy contract later this year but it is not clear whether this will be in a formal review.

Such a review had been suggested following a meeting between Camden pharmacists and DoH officials including health minister Rosie Winterton last month (*C&D*, March 19, p4).

But PSNC chief executive Sue Sharpe said there had been no discussion with the Department of Health about a mid-term review, although there were a number of issues that PSNC would be keen to examine in the autumn.

These include the uptake of medicines use reviews (MURs) and whether there was room to increase the limit on the number of reviews pharmacists could

carry out, the speed at which ETP compliant systems were being introduced, and how well the contract was being implemented before the end of the transition period in October.

If there was an indication that not all contractors were going to take up the opportunity to conduct 200 MURs in the first year, then there may be scope to re-distribute the £38m budget for MURs to allow those that had reached the limit to do more reviews.

Mrs Sharpe, speaking following PSNC's board meeting last Wednesday, added that the regulations underpinning the new pharmacy contract may require further amendments as details of some services had still to be agreed, such as the contract's requirement for linking staffing levels to the number of prescriptions dispensed.

It has not yet been agreed, explained Mrs Sharpe, as to

which staff would contribute to the requirement. "For example, counter staff who are involved in the receipt of prescriptions, checking entitlement for payment and getting patients to sign, are all doing work that contributes towards dispensing the prescription." PSNC was also still in discussion with the DoH over which questions would be included in the patient satisfaction questionnaire that contractors will be required to carry out.

Regarding the standard form LPS, Mrs Sharpe said that PSNC would not rush this. "What we're seeking to do is work with areas that have low volume pharmacies and try to ensure we develop LPS proposals that work for them and their PCTs and because we've negotiated protected payments for the first three years of the contract, there's no rush to get that sorted and indeed we think it's going to be much better to take time to get it right."



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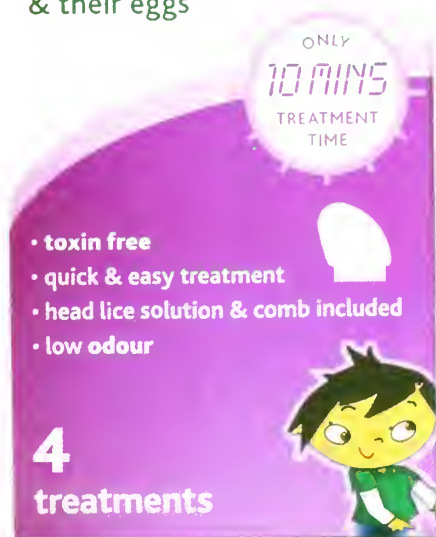
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& their eggs

Full Marks solution

eliminates head lice
& their eggs



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TIME

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References: 1 IRI sales scanned price all outlets MAT 22 Jan 2005 2 Consumer research September 2002



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Pharmacists in weight management pilot

by Adrienne de Mont

Ten pharmacies in Wandsworth Primary Care Trust are to offer a weight management service in a pilot starting next month.

The pharmacists will give up to 10 overweight patients dietary advice, offer health promotion literature and take clinical measurements such as body mass index, waist and arm circumference.

They will also be able to prescribe orlistat where appropriate, under a patient group direction.

The pilot is a collaborative project involving the PCT,

pharmacists, public health team and dieticians, together with the local pharmaceutical committees and pharmaceutical industry. There will also be activity classes, health events and healthy eating kitchens.

Dieticians will refer patients with a BMI of 28 to 35 to the pharmacists who will keep GPs informed of their patients' progress.

Patients with complications such as hypertension, diabetes and raised cholesterol will have these parameters monitored but not by the pharmacists.

The PCT's community pharmacist lead, David

Tambyrajah, said the patients selected will have to be highly motivated to lose weight.

"As with smoking cessation, there's no point in spending time, money and effort if they are not. We feel it's important that the scheme is part of a public health driven, integrated service."

At this stage he was unable to disclose how much the pharmacists will be paid, but the PCT will be sharing "best practice" with other interested PCTs.

The project will run for six months and, if successful, will be funded as an enhanced service under the new contract.

UKPHA pharmacy group relaunched

The UK Public Health Association's pharmacy special interest group was relaunched at the organisation's annual conference last week.

UKPHA chief executive Angela Mawle said the group aimed to forge links between public health and pharmacy staff, and "drive the public health agenda through grassroots". Attended by England's chief pharmacist Jim Smith and principal pharmaceutical officer Gul Root, the group's relaunch was timed to coincide with the publication of the pharmaceutical public health strategy (*C&D*, April 9, p4).

Ms Mawle said the group, which meets once every two months, is composed of 14 UKPHA members and professionals working in, or with an interest in, public health. PharmacyHealthLink is inviting members of the original UKPHA pharmacy SIG to pledge their continued interest. To join the group, contact UKPHA grassroots project coordinator Monica Frost on 0870 010 1932.

AF

Moss kicks off medicine reviews

Pharmacy manager Margaret Mackenzie conducted Moss Pharmacy's first medicines use review at the company's Asline Road branch in Sheffield recently.

Ms Mackenzie said providing the service offered an opportunity for pharmacists to talk to patients, who will benefit through better understanding of their medicines. She added: "It should also help to eliminate medicine wastage, which is obviously a great benefit to the NHS."

Although 400 Moss pharmacists are currently undertaking MUR training, Ms MacKenzie is one of only 17 pharmacists in the company who achieved accreditation to provide the advanced service before the new



Pharmacy manager Margaret Mackenzie conducting Moss Pharmacy's first medicines use review at the company's Asline Road branch in Sheffield recently.

Rx refunds

The new prescription charge refund system will not add significantly to pharmacies' workload, says PSNC.

Addressing concerns following publication of guidance on the process, PSNC regulation head Steve Lutener said that half the work was concerned with exemption checking, which pharmacists already do. "Although there is a long list of things to think about, there is not much more to do," he said.

PSNC negotiated switching the service from post offices to pharmacies, as the organisation had to act on behalf of members. Consulting members on something that would affect them in a "very small way" would have been inappropriate, he said.

SOS will represent profession in all aspects

The SOS Group, which won 13 seats on the new RPSGB Council, is there "for all the profession in all of its aspects", one of the group has said.

Graham Phillips was responding to concerns over the scale of the SOS success and the agenda of the group. On Tuesday he said the election outcome was "not a community pharmacy takeover [of the Council], it's a reclaiming of the Society by the members". He said: "It represents all the profession –

"and this includes all of our detractors" – to take part in a "big debate" on the way forward. "I do not want us to come across as the 'new clique' that has replaced the 'old clique,'" he said.

Asked if winning 13 of the 14 unreserved places for pharmacists on the new Council would allow the SOS group to do what it wanted, Mr Phillips said "we haven't got that level of power", pointing out there are also three pharmacists for the national

constituencies, a pharmacist representing the universities, two pharmacy technicians and 10 lay members. "It's not a huge balance of power and that should be recognised," he said.

According to Mr Phillips, the SOS Group remains "a loose association of individuals" with no head office, secretariat or paid subscription. He was contacting the press as an individual, rather than as an appointed spokesman for the group.



Graham Phillips has been elected to 13 of the 14 unreserved places for pharmacists on the new RPSGB Council. He said: "It represents all the profession – and this includes all of our detractors" – to take part in a "big debate" on the way forward. "I do not want us to come across as the 'new clique' that has replaced the 'old clique,'" he said. Asked if winning 13 of the 14 unreserved places for pharmacists on the new Council would allow the SOS group to do what it wanted, Mr Phillips said "we haven't got that level of power", pointing out there are also three pharmacists for the national constituencies, a pharmacist representing the universities, two pharmacy technicians and 10 lay members. "It's not a huge balance of power and that should be recognised," he said. According to Mr Phillips, the SOS Group remains "a loose association of individuals" with no head office, secretariat or paid subscription. He was contacting the press as an individual, rather than as an appointed spokesman for the group.

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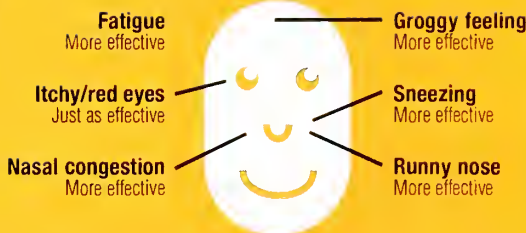
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ESSENTIAL SERVICE 4 – PROMOTION OF HEALTHY LIFESTYLES

Pharmacy staff
will make healthy
lifestyle

interventions opportunistically
when appropriate, in a similar
manner to that provided in
ES4 – Promotion of healthy
lifestyles (Public
Health) service



KEY POINTS:

When smokers want
to give up, you are
ideally placed to
provide help and
support

Smoking cessation
can considerably
improve conditions
such as diabetes,
heart disease and
asthma

The new contract
encourages
prescription
interventions and
opportunistic advice
for these patients

Of all the people who walk through the door of your pharmacy, how many are smokers? How many have smoking-related diseases, or are picking up prescriptions to treat smoking-related diseases?

For many smokers a cigarette is their loyal friend. But when they finally choose to let go of that 'friend', they need help and support. The new pharmacy contract recognises that you are well placed and qualified to help those who are longing to quit. So it's finally official. You have taken on your new public health role as a pharmacist. But what does this mean to you in relation to the pressing health issue of smoking?

Smoking cessation falls under each core area of the contract. Just look at the evidence:

Essential Services

Obligatory for all contractors, with immediate effect.

Public health. Promotion of healthy lifestyles forms an important and integral part of your 'essential' role in the contract. You'll be expected to give opportunistic advice and carry out prescription-linked interventions in areas of public health concern, such as smoking. You'll be ideally placed to talk to patients suffering from smoking-related diseases (such as COPD, heart disease, diabetes and asthma) and to encourage them to give up smoking. Additionally, you will be asked by your local PCT to participate in six health promotion campaigns a year, one of which is likely to be the promotion of smoking cessation.

Advanced Services

Can only be offered once the Essential Services requirements are met, a competency assessment is successfully undertaken and a designated consulting area is made available to conduct the services.

Medicines Use Review. As part of the Advanced Services requirements, you will provide periodic private consultations for patients receiving medicines for long-term conditions, many of which will be smoking-related. You will help patients understand their therapy and offer advice and guidance where necessary, before giving a report of the review to the patient and their GP.

Prescription Intervention Service. You will provide a personal consultation with a patient, this time as a response to a specific issue that arises. This issue may well be smoking-related.

Enhanced Services

Commissioned locally by PCTs

Smoking Cessation Services All Enhanced Services will be commissioned according to their local need in the community. Smoking cessation is one area that has already been identified in the initial list of services, and is one of the key performance targets (4-week quit rates) set out for every PCT.

Understanding the journey

As a pharmacist you understand what a smoker who wants to quit is going through.

cessation

Promotion

You understand that people start smoking for different reasons, that their addiction to cigarettes is physical, emotional and habitual, and of course, you have seen the negative effects of smoking.

By using your unique position in the community, you can empower people to take actions which will improve their health.

Putting it into practice

How can you help?

- Always initiate conversations about benefits of quitting and steps to stopping smoking.

- Hand out leaflets containing smoking cessation help and information.

- Recommend interactive websites, such as www.Click2Quit.com or helplines such as the NHS Stop Smoking helpline, which understand the smoker.

- Recommend Nicotine Replacement Therapy.

- Provide ongoing encouragement to patients.

By gaining a thorough understanding yourself of the issues surrounding smoking and smoking-related diseases, you will give patients the confidence to trust your advice and recommendations. Timely advice from you may be just what your patient needs.

Don't forget 'backing up' verbal communication with the provision of written materials is proven to be more effective than verbal advice alone¹. It also allows your patient to reflect over what you've said and digest the information at their leisure.

Going one step further

Preventative intervention can be hugely satisfying but your role goes beyond that. Think about it. How often does a patient present a prescription

for a medicine aimed to help diabetes, lung disease, heart disease or asthma?

Some of the most common diseases you see every day can be caused by or made worse by smoking. And many of the people who come to you are smokers who've been exposed to the worst possible consequences of the habit. As they pick up their prescription they may already be seriously considering quitting, but they may lack the knowledge, self-belief or support they need to give up for good.

Finding the approach that suits you and your patient

You can help these people. You can help them acknowledge the link between their condition and their smoking habit. And you can give them timely support and advice with smoking cessation.

You may want to discuss the avenues they can take if they want to give up or you may prefer the more discreet approach of asking if they're a smoker and slipping an information leaflet in with their prescription.

It's up to you how you go about your new role, but having the appropriate systems in place will help you ensure that appropriate advice is given.

Your opportunity

The new contract provides you with a unique opportunity to become even more involved with improving the health of the nation. Smoking cessation is an area where you can really make a difference.

Read on to see how Ready2Quit can help make it easier for you to help others succeed.

Opportunistic smoking cessation advice could also take place in medicines use reviews

'Ready2Quit' materials are free and provide disease-specific benefits on giving up smoking and supports your opportunistic advice

Reference

1. Russell MA et al. *BMJ* 1979; 28:231-5

Are You Ready2Start?

Ready2Quit from NiQuitin CQ is the ideal vehicle to help you comply with the new pharmacy contract. Ready2Quit has been designed specifically to facilitate interaction between smokers with smoking-related diseases, and their pharmacists. The aim of the programme is to maximise the difference you can make with the time you have available to spend with your patients.

Ready2Quit gives you all the information you need to talk to patients who are most motivated to quit, with confidence, expertise and understanding. Whether responding to patient queries, giving opportunistic advice, conducting a medicines use review or managing prescription interventions, Ready2Quit makes it easy for you, and brings the benefits to your patients.

Ready2Quit is free and offers you:

1. A guidance booklet on how to use the programme: how to explain the health benefits for patients when they stop smoking; and how to encourage them to quit.

2. Patient leaflets, for placement in your dispensary or on your counter, containing specific information on how giving up smoking will help improve a number of diseases such as heart disease, lung disease, diabetes and asthma. These will help you intervene with patients who may already be thinking about giving up.

3. A desk cube to keep in your dispensary with prompts to initiate smoking cessation conversations with customers.



Order Ready2Quit today
by calling

0500 100 2222

and start making a difference

Scottish technicians check out their male customers

Pharmacy technicians in seven pharmacies in socially deprived areas of Fife are to carry out men's health checks, in a pilot designed to help meet Scotland wide targets on improving men's health.

Backed by £260,000 of Scottish Executive Health Department 'well-man' funding, from this month trained technicians will test for diabetes and cholesterol, monitor height and weight, as well as carrying out mental and sexual health questionnaires. The aim is then to set up direct referrals as

necessary to sources of further help.

Backed by a marketing campaign that will include adverts in the local press and radio, direct mail to homes in the participating pharmacies' catchment areas, plus surgery and pharmacy posters and leaflets, the campaign takes the theme "How healthy do you think you are?". The promotional materials list the names of the participating pharmacies.

Fife NHS Board is hoping to attract up to 800 men over the coming year and will push to

repeat the pilot next year, following evaluation. Each pharmacy will be paid £20 for the 30 to 40 minute tests.

Commenting, a spokeswoman for Fife NHS Board said that Fife men have particular problems with weight, smoking and alcohol misuse. She also said the area was suffering increasing rates of sexually transmitted infections.

"This project is all about improving access to services and as pharmacies are based in the heart of their communities, they have a key part to play." **AC**

Sales after TV ads in surgeries

A television channel is claiming its advertising has boosted pharmacy sales after patients in surgeries watched its programming.

The Life Channel says campaigns by pharmaceutical brands have a direct effect on sales. It claims that, on leaving a surgery, 33 per cent of adults head straight to a pharmacy, supermarket or shopping area to make a purchase.

For more information:

Tel: 020 8835 0372



A leading young HealthCare Executive has been named one of the Best young health-care people in health, Scotland's first and only Chief Executive Award for commercial excellence. Lindsay Ballantyne was named in the 2005 Best young health-care people in health, Scotland's first and only Chief Executive Award for commercial excellence. Lindsay Ballantyne was named in the 2005 Best young health-care people in health, Scotland's first and only Chief Executive Award for commercial excellence.

Out of hours supply provision in GMS regulations

Regulations that came into effect on April 14 will make changes to the way general medical services are delivered in England.

They lay down the requirements for the inclusion in GMS contracts of medicines supply out of hours. An out of hours "performer" must supply only the necessary drugs, medicines and appliances, as a complete course necessary to treat the patient (that is, the same amount as if the patient had been

seen in core hours).

Other changes include:

- Adding diazepam to the list of drugs that can be provided in instalments.

- A provision enabling GPs to transmit prescriptions electronically to a dispenser nominated by the patient.

- Removal of restrictions on the prescribing of Controlled Drugs or unlicensed medicines by supplementary prescribers.

- GMS contractors in all PCT

areas are permitted to issue repeatable prescriptions.

*Amendments to the *Misuse of Drugs Regulations* in Northern Ireland have made provision for supplementary prescribers who supply Controlled Drugs under a clinical management plan. **AdM**

For more information:

www.hmsa.gov.uk

NHS (Primary Medical Services)

(Miscellaneous Amendment)

Regulations 2005 (SI No 893).

The *Misuse of Drugs (Amendment)*

Queen's awards crown pharmacy company trio

Three pharmaceutical and bioscience companies are among the winners of this year's Queen's Awards for Enterprise.

The awards are made in three categories: international trade, sustainable development and innovation.

This year the pharmaceutical and bioscience sector has produced three winners in the international trade category, which rewards export business development: Abcam, a Cambridge-based supplier of antibodies and related reagents; Delta Biotechnology, a UK subsidiary of Sanofi Aventis, which developed a recombinant protein expression systems; and GR Micro, a London supplier of medical microbiology and molecular biology services.

This year, the Queen announced 137 awards, the highest number for 10 years.

Canada gives Sativex the green light

Canada has granted regulatory approval to GW Pharmaceuticals' product Sativex, making it the first country to permit a cannabis-derived medicine.

An oral spray, Sativex has been licensed by Health Canada as an adjunctive treatment for neuropathic pain relief in adults with multiple sclerosis. The main active cannabinoids in the product are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) in a ratio of 2.7mg: 2.5mg per spray.

The Medicines and Healthcare products Regulatory Agency is currently assessing Sativex for the treatment of MS spasticity. GW Pharma and Bayer Healthcare, responsible for marketing the product, said the review is likely to be completed this summer.



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Look out for your copy in next week's C&D...



A practical guide to all major aspects of the financial side of running a pharmacy, based around Anne Hutchings' popular series of articles in C&D. Whether you are a pharmacy manager, an aspiring proprietor, or already run your own pharmacy business, *Pharmacy Finance* will be of use to you...

- **How to go about buying or selling a business.**
- **Where and how to raise money.**
- **Professional help – what you should expect.**
- **Help with maximising profit.**
- **How to pay less tax.**
- **Choosing the best trading format.**

Pharmacy Finance author Anne Hutchings is a member of the Chartered Management Institute and Faculty of Tax Consultants and Advisers. She runs a pharmacy sales company and a consultancy, Hutchings & Co and Hutchings Consultants Ltd (www.pharmacyexperts.com).



Publication of *Pharmacy Finance* is supported by Nucare



"Whether you are thinking of buying a pharmacy, selling one, or simply looking to knock the business and family finances into better shape, read on..."

says Mahesh Shah, managing director, Nucare.

Activa launches new online compression hosiery selector



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ACTIVA

News

'Corporate killing' label for failure to warn of fakes

Pharmaceutical companies could be liable to a charge of "corporate killing" if they failed to take steps to warn the public of a fake product. The warning comes from researchers in Britain, south-east Asia and Nigeria writing in the open access online journal *Public Library of Science Medicine*.

They said: "We suggest that the pharmaceutical industry is harming both patients and itself by not vigorously warning the public of fakes when they arise."

In the UK the practice is believed to be on a small scale, though in 2004 the Royal Pharmaceutical Society found that half of all drugs for erectile dysfunction sold over the internet were fake, according to a report in *The Independent*.

Nicholas White, one of the authors of the report and a professor of medicine at Oxford University, said counterfeiting had led to deaths in some countries. A spokesman for the

Association of British Pharmaceutical Industry said: "Drug counterfeiting is something that largely affects the developing world and is not a big problem in the UK."

"However, purchasing drugs over the internet is a weak link in the chain and parallel imports are another potential weak point. Pharmacists need to be very careful when using them."

For more information:

www.medicine.plosjournal.org

Colorama forms 'Generics Club'

Colorama Pharmaceuticals has announced that it is to discount all its generic product lines.

In total 800 products will be discounted – the amount of discount will depend on the volume of the purchase. A spokeswoman said 1,900 units would qualify for a 1 per cent discount. If the order is between 1,900 and 2,999 units the discount will rise to 1.7 per cent.

The company has called the discounted buying concept 'The Generics Club'. It has made the move in response to recent changes in the reimbursement of generic medicines to pharmacists.

Colorama managing director Arun Patel said: "I don't think most pharmacists have yet realised the full impact these changes will have on their profit levels. For example, a pharmacist ordering a monthly average 3,200 boxes of generics will now stand to lose around £2,500 a month under the new arrangements. Staff numbers, new technology investment and resources for implementing the new pharmacy contract are bound to be affected in some way."

Mr Patel admits the industry has been guilty of introducing clubs in the past that have carried hidden penalties, but he is adamant this concept is fair.

He went on: "The benefit to the pharmacist is that they know we have to produce ruthlessly competitive prices every month, even before discounts are factored in. And they'll be able to rely on us for that, saving themselves a lot of time and hassle. We gain their loyalty and ongoing business."

The Generics Club will offer members a maximum discount of 8 per cent on some generics.



Arun Patel

Inbrief

RPSiW places filled

The only four candidates standing for election to the Royal Pharmaceutical Society's Welsh Executive will automatically fill the four vacancies, the Society has announced.

Rowena McCartney, Phillip Parry, Alan Screen and David Temple will serve on the executive. Elected candidates normally serve a three-year term.

Tourists tackled

Health tourists from England will this summer lose their ability to get cheap prescription drugs and services by crossing the border to Wales. First Minister Rhodri Morgan has said that new regulations will be considered in the Assembly on June 28 "which will make it much more difficult for health tourism to take place"; if approved by members, the new regulations would come into effect on July 15.

Eye drops go to P

The Committee on Safety of Medicines has approved the reclassification of chloramphenicol eye drops from POM to P status, Crookes Healthcare has said.

Department of Health issues second ZD list update

The Department of Health has issued a second update to the ZD list, following the pricing changes made by GSK and IVAX:

- That discount will not be removed on prescriptions for Zinnat Tablets (125mg and 250mg) and Dermovate Cream dispensed in April. These will be listed in the May *Tariff*
- A number of generics will

additionally be considered for the ZD List A from April (and listed from May)

- Due to the PPA system's inability to treat particular pack sizes as ZD, the DoH is adding Dermovate Cream to the ZD list but not Dermovate Scalp Application (from April)
- It has received an application from PSNC to add a number of

GSK products to the ZD list as they are not available to any pharmacy with discount.

GSK prices that were reduced on April 1 will be applied to prescriptions dispensed in May.

Full details of the affected products are on the PSNC website.

For more information:

www.psn.org.uk

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Source: IMS February 2004

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Our question to pharmacists this week was:

What proportion of community pharmacies do you think will eventually be owned by a multiple?

"Virtually all of them. I'd like to own one myself, but it's becoming more difficult for anyone except the multiples"

Jatin Yadav, Derby

"Maybe 80 per cent.

The way things are going, there seems to be less independents and more multiples"

Anonymous,
High Wycombe

Comment

from the Editor

Numark has this week highlighted another flaw with the pharmacy reimbursement system, this time over generic products.

As part of the new contract introduced on April 1, the *Drug Tariff* was recalibrated, with some significant reductions imposed on the re-imbursement prices of certain generics.

Numark's concern is in the way that the products were selected. Pharmacists knew in advance that £300 million was to be redirected for redistribution (in addition to all the other clawbacks the Government has introduced). But the details were held back, in effect, until D Day, a tad too late.

The Government's drive to minimise any 'unnecessary' profit-making by NHS contractors is again impacting on pharmacy, reinforcing the view that it is a soft target. It seems unfair that, in this case, pharmacists are being penalised for the prescribing habits of GPs and the prices the industry charges.

Would the alternative of a reduction across the board based on prescription numbers be any better? Perhaps not. But this attack on

reimbursement suggests the Government has no appreciation of the contribution pharmacy contractors make in keeping medicines prices down with their competitive buying. And don't forget the risks associated with stock holding, or owning and running a business.

It is right that people should not profiteer out of the NHS – and the Counter Fraud Service was set up to tackle fraud, a real problem. But the Government record on public-private finance initiatives – the PFI schools and hospitals and even one-stop primary care centres – suggests a rather hypocritical approach to controlling taxpayers' money.

It's election time. It's a meaty subject but perhaps your local parliamentary candidates might be interested in a local healthcare issue.

Pharmacists are being penalised for the prescribing habits of GPs

Your views

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

Dr Christopher Flowers responds to a press 'scare' story

Triclosan – much ado about nothing

Triclosan, an important antibacterial agent used in oral and personal care products, has been widely and inaccurately reported in the media during the past week.

Following publication of some research by environmental scientists from the Virginia Polytechnic and State University in the USA, the UK media reported that triclosan can react with chlorine in tap water to liberate chloroform which in turn leads to a cancer risk. It was further reported that products were being taken off supermarket shelves as a result. All quite untrue.

So what about the facts? It is true that triclosan can react with chlorine, but only when excess chlorine is present as in the water treatment processing plant. The reaction cannot take place in tap water.

Even then, the amount of chloroform produced was vanishingly low (50 parts per billion – equivalent to less than a minute in 30 years) and this level cannot present a cancer risk. Other comments in the research were simply speculation.

When challenged about the media impact of the press release, the researcher admitted "the wording in retrospect in the press

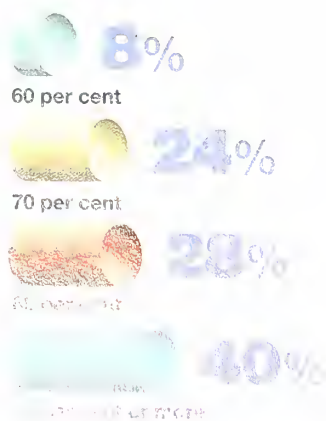
release is a little bit strong." He went on to say he did not intend anyone to conclude triclosan is unsafe and talked of "jumping to conclusions" and "overreaction".

Consumers should continue to benefit from the anti-bacterial properties of triclosan-containing cosmetics and toiletries in the knowledge that it is safe to do so.

It is a pity researchers do not pay as much attention to their press releases as they do to writing their scientific papers; the impact is often greater and, as in this case, may not enhance their reputation.

Dr Christopher Flowers is director-general of the CTPA

Our online poll at www.dotpharmacy.com said...



BlackBAG

Targets can miss the mark

Joe public just loves 'targets'. Pandering to the 'something must be done' mentality, it gives the impression of focus. When William Tell stood his son in front of his cross bow hairs *mit apple auf kopf*, Billy the Bow knew a target miss would mean more hard work producing a replacement son and heir to the family fortune. With unerring accuracy he split the apple thus ensuring many peaceful nights without *bumpfie, bumpfie*.

With the GP new contract, most General Practitioners are also getting used to undisturbed nights. It used to be said that GPs didn't need contraception while we had phones in the bedroom.

Targets are a mixed blessing. Yes, they do focus the mind but unfortunately they channel thought along one route: survival. To meet imposed targets, hospitals are treating non-urgent patients before those needing a wee bit of bumpfie when it comes to action. Getting a patient treated for

Getting treatment for bunions is easier than for melanoma

bunions is paradoxically easier than mere melanoma. Unless they can show compliance with DofH targets set by politicians rather than health professionals, today's hospital can face closure.

Worse still, when targets are linked to money, GPs face decisions on staff redundancy, lowering the level of services and shifting the balance away from treating first those who need help most. This lesson was hard learned in the past but history does tend to repeat itself.

Pharmacists are also moving into the realm of 'targets'. No problem with your eyes wide open but otherwise it will take more than a length of sticky plaster after you release that bolt, Billy. Dr Ian Banks is a GP practising in Northern Ireland

TOPICAL REFLECTIONS

Party political posturing on pharmacy

The fact that the three main political parties have aired their views on pharmacy in these pages (*C&D*, April 16, p20) reflects the rising temperature of the election race and also perhaps that the profession is finally registering on the national political radar. What politicians say at election time and what they do when elected are notoriously different but all the parties sound particularly pro-pharmacy.

There are no surprises as each politician seems to have a grasp of what we want to hear, and each contribution reflects his party's overall attitude. The Liberal Democrats' ideas sound sensible and objective in theory but the wheels are likely to come off in practice. Labour is smug from its position of power and inside knowledge, and the belief that if the economy is strong everything else simply slots into place. And having had most of their policies stolen from them by Labour, the Tories are still unsure in which direction they're aiming, despite having had two terms to consider.

I particularly like the mention of funding pharmacists to deliver services in the Lib Dems' manifesto but where the money would come from is anybody's guess. And as the Society's recent report

on prescription charges found, revising the system is not as easy as it sounds.

John Reid is no doubt pleased that he took over at the Department when most of the work on the new contract had been sorted. The profession has certainly received a long overdue kick up the backside under this Government and Mr Reid warns of more hard work to come, but of course promises no new money.

The Conservative Party believes that community pharmacies should "play a much greater role in dispensing". This could be tricky since we've had a 100 per cent role in dispensing for over 100 years already. Dr Murrison does mention adequate rewards for services and quite rightly warns that rushing to provide new services could erode our traditional roles. Both the Lib Dems and Tories agree on the OFT report, which of course Mr Reid fails to mention.

It's great that politicians now consider pharmacy in their schemings and it is very important to me what they plan to do for the profession. But I fear that we are still a long way down their list of priorities and their plans for pharmacy alone are not sufficient to change my voting intentions.

Council freshens up

As far as the Society's Council election results are concerned, it seems to be a case of 'out with the old and in with the new'. The 'in' flavour is definitely the SOS group suggesting, despite the lower turnout this year, that pharmacists needed a 'cause' to identify with.

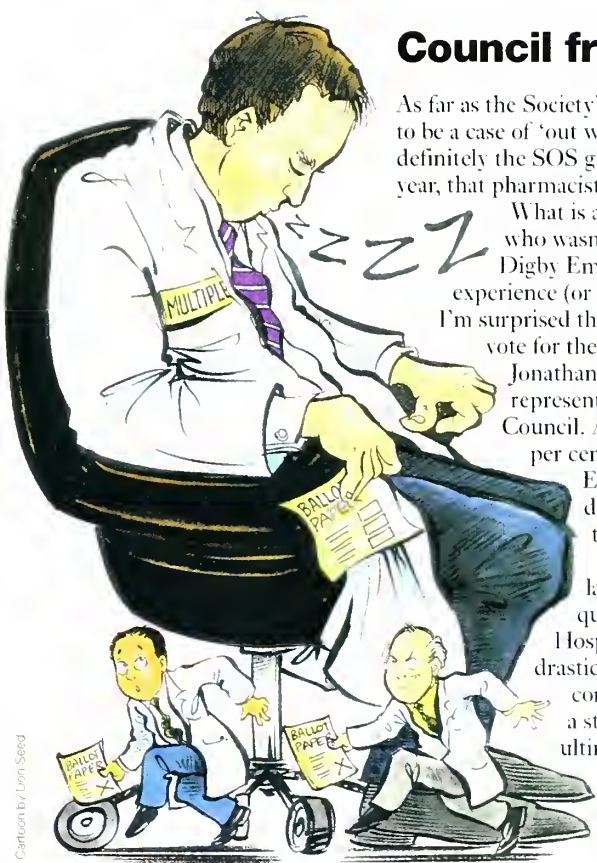
What is almost more interesting than who was successful is who wasn't. Two past presidents and the Boots 'candidate', Digby Emson, are not on the new Council. That's a lot of experience (or dyed in the wool views) lost.

I'm surprised that more Boots pharmacists weren't 'encouraged' to vote for their director of professional services. Apart from Jonathan Buisson, the Moss candidate, there are no representatives from the major multiples on the new Council. And this coincides with figures revealing that 53 per cent of pharmacies are part of a multiple group.

Either the multiples slipped up here or they have decided that the Society's Council is irrelevant to their plans.

Community pharmacists do make up the largest sector of the workforce but over three quarters of Council members are from that area. Hospital, industry and primary care pharmacists are drastically under-represented. Are the independent community pharmacists happy that they have such a stranglehold on Council, and what good will it ultimately do them?

Now that the Society has been 'saved' and is firmly in the hands of the independents I hope I might see some benefits.



Making better use of pharmacy skills

Janie Ellis looks at what's in the new pharmaceutical public health programme

The pharmaceutical public health strategy for England, *Choosing Health through Pharmacy*, launched on April 1, should be a huge opportunity for pharmacists to play a central role in improving the health of the nation.

As well as identifying how pharmacists and their staff can contribute to the "health-promoting NHS", it also gives guidance for PCTs and strategic health authorities on how better to use pharmacy's skills.

"We want to build on pharmacy's strengths, to develop and further extend health improvement services, working closely with the wider public health team and expanding their roles as advocates for health," said health minister Rosie Winterton in the foreword to the strategy paper.

"This strategy will enable pharmacists and their staff to make better use of their skills, and it will open up opportunities for pharmacy to make a bigger difference to improving the health of the people of England," she added.

The paper outlines eight main public health priorities for pharmacies to develop services over the next 10 years to address issues such as smoking, reducing deaths from heart disease, strokes and cancer, as well as reducing pregnancies in under-18s, child obesity and health inequalities. Pharmacies should also help improve conditions for the long-term sick and reduce deaths by suicide and undetermined injury.

Other health priorities include: providing advice on the safe and effective use of medicines; offering services for substance misusers and for vaccination; managing asthma; looking at the needs of children and young people; men's health; and reducing harm from alcohol and preventing obesity.

Over the next decade, it is expected that pharmacists and their staff will develop a much wider role in public health.

Pharmacies already provide products and services such as emergency contraception and stop-smoking medicines to help reduce health inequalities, but the evidence summarised in *Tackling Health Inequalities* in 2003 suggested

that pharmacy could have an impact on other factors that affect health, such as poverty, housing, education and employment, by providing signposting to support, advice or treatment that the pharmacy cannot provide.

This signposting includes referring people to local authority services to improve housing quality, to services to improve income among the poorest, such as sources of advice on benefits, tax credits and debt counselling, and to services to support families with young children, teenage parents and mental health patients.

It is also suggested PCTs should target investment on pharmacies in communities with the worst health records.

As part of their signposting role, pharmacists and their staff could put people in touch with a health trainer, or identify local people who might be interested in becoming personal trainers and provide a setting in which health trainers may work.

Some medicines counter assistants, who often come from the local community, could acquire accredited health trainer status.

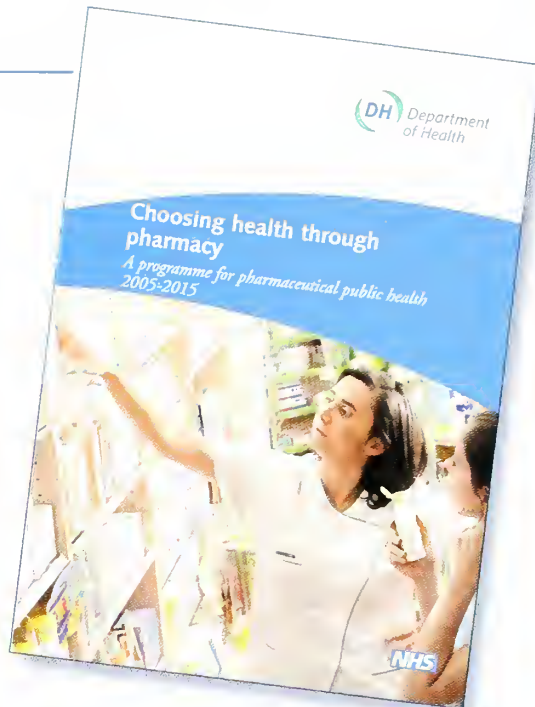
Hospital and primary care pharmacists can also be involved in many of these services.

Pharmacies should also be one of the primary sources of information and advice on health issues and consider making electronic health information available

to the public.

They can also play an active part in the promotion of health literacy by working with individual patients and other health professionals to help them explain to patients how to use their medicines effectively.

More pharmacies should be involved in shared care schemes for drug misusers in collaboration with drug team workers, GPs, users and others and consider training to identify and support people with alcohol problems, as well as piloting pharmacy based interventions for such people.



Pharmacists should also identify and report medication errors to the National Patient Safety Agency and learn and disseminate good practice to reduce errors.

The strategy paper says pharmacists can support vaccination campaigns in three ways: by identifying people through their medical records who may be at risk from influenza and refer them to appropriate clinicians; by using their premises for other professionals to administer injections and, in the future and with appropriate training, administer the vaccines themselves.

They can also be a major provider of NHS stop-smoking services and a range of sexual health services, including emergency hormonal contraception and chlamydia screening.

Over the next decade, the Government would like pharmacies to be a primary source of information and advice on health issues and local services for the community.

They should be able to provide directly or make space available for a range of health improvement services and identify people with risk factors for disease. They should work in partnership with the local authority and voluntary organisations and be linked with schools, the workplace and other local settings.

By 2015, they should be able to help people take more control over their own health and improve the health of people with long-term conditions.

They should also make the best use of the extended pharmacy team, work in partnership with health organisations and the wider public health community and use modern IT and communications technology to provide electronic health information to the public and access to health records shared with patients.

It is expected that pharmacists and their staff will develop a much wider role in public health

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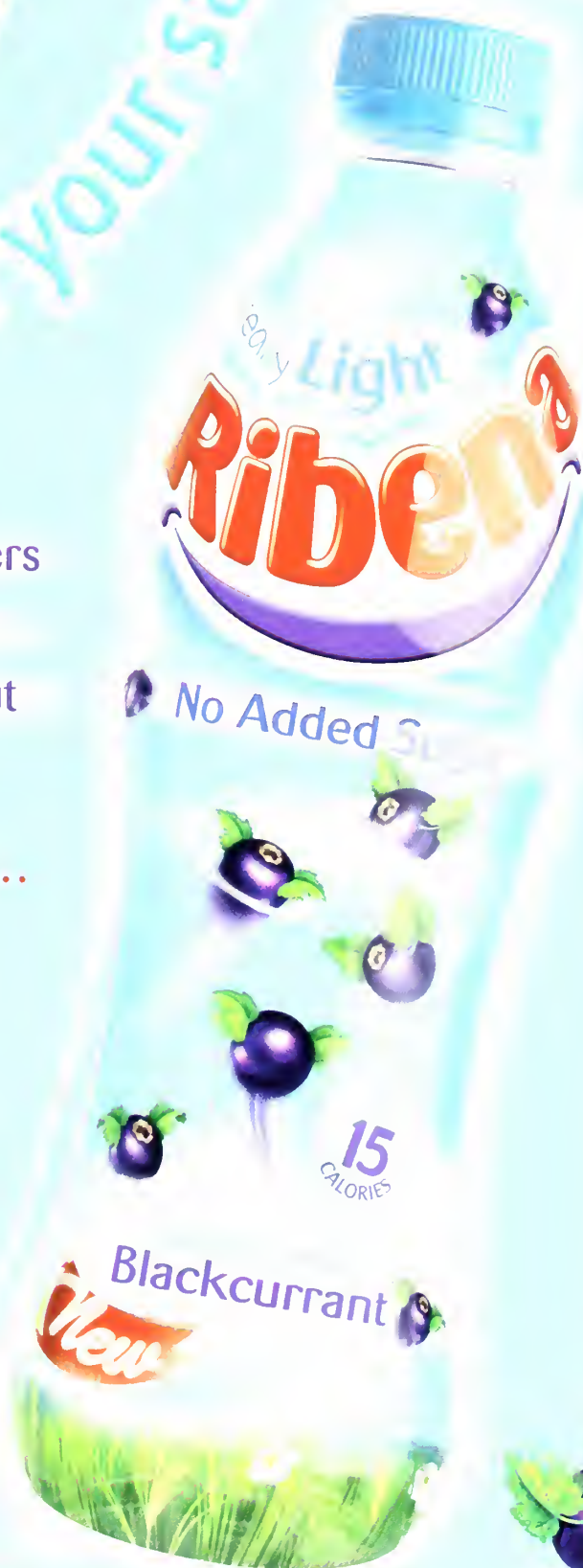
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NeoClarityn (30 tablets or 100ml syrup)	£7.57	£7.04
Nasonex Spray (140-dose unit)	£10.92	£7.83

Major full-line wholesalers may be providing U.K. originated stock of NeoClarityn and Nasonex at the most competitive prices



This article can help in the following areas of competence as set out in the RPSGB's CPD manual: **G3, G6, G7, G15.**

In a second article on basic bacteriology *Vanessa Sherwood* describes common pathogens and some helpful bacteria

Good and bad bugs



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1335), in association with multiple choice questions being published in C&D May 7, provides one hour's continuing education

Bacteria are big business for community pharmacists. Customers bring in their prescriptions for antibiotics as well as buying soap, toothpaste and deodorant, probably without realising that these products also remove or reduce the bacterial load.

Some of the most common pathogens, opportunist or otherwise, and the diseases they cause are considered here. Treatment of infections will be discussed in the next article.

Staphylococci

When the opportunity arises, staphylococci are one of the most important human pathogens, as well as being normal inhabitants of the skin, upper respiratory tract, intestine and vagina. There are at least 30 species in the genus. Easily transmitted from person to person by direct contact, droplet infection from sneezing and coughing, or picked up from surfaces, this pyogenic (pus-producing) genus can spread widely throughout body tissues, aided by the production of extra-cellular substances.

The most clinically important substance produced is coagulase, which is responsible for the pathogenicity of *S. aureus*. Coagulase is a protein that interferes with the normal clotting process in human hosts and allows fibrin to be deposited on bacterial cells, shielding them from phagocytosis by host defence cells. It is also suggested that coagulase may block the host's immune response by promoting the formation of clots in the capillaries



MRSA resistant *Staphylococcus aureus* bacteria. MRSA is common in hospitals, infecting wounds of patients. *S. aureus* may cause boils, usually by entering the skin through a hair follicle or a cut

surrounding the infected area.

Folliculitis, furuncles (boils) and carbuncles (a cluster of connected boils) are classic examples of an *S. aureus* skin disease. Infection begins when the bacteria attach to the cells of the hair follicle, multiply and spread into the dermis. The cell wall component 'Protein A' inhibits phagocytosis and some strains also produce a polysaccharide capsule that has a similar function. The bacteria excrete numerous extra-cellular products, along with

coagulase, that increase virulence.

These include enzymes that break down fatty acids, collagen and hyaluronic acid (part of the connective tissue); some strains may produce leukocidins that kill white blood cells. Around 90 per cent of *S. aureus* strains produce beta-lactamase, which destroys beta-lactam-based antibiotics such as penicillin and amoxicillin.

S. aureus also causes impetigo, when it may enter the skin through a small wound and set up an infection. It is occasionally implicated in erysipelas and

cellulitis skin infections.

Staphylococcal scalded skin syndrome (SSSS) is an infection caused by a strain of *S. aureus* that produces an exfoliative toxin. In SSSS the epidermal skin layer peels off to reveal lower layers of skin. It is most common in neonates and infants.

Toxic shock syndrome results from infection with the *S. aureus* strain that produces the toxic shock syndrome toxin-1 (TSST-1). Although most cases are

Continued on page 22 ►

associated with tampon use and occur in menstruating women, it may also cause a life-threatening infection where *S. aureus* is present at other sites in the body, for example surgical wounds.

Strains of *S. aureus* that produce enterotoxins are responsible for gastrointestinal infections. These enterotoxins, produced when the bacteria grow in carbohydrate or protein-rich food, react with receptors in the gut and trigger the vomiting centre in the brain. The infection is characterised by a short incubation period, nausea, severe vomiting and diarrhoea but no fever and a rapid recovery.

Coagulase-negative strains of staphylococcus form part of the normal human flora. However, *S. epidermidis* causes 75 per cent of infections associated with implanted devices if the host is very old or young or otherwise immunocompromised. *S. saprophyticus*, another coagulase-negative constituent of the normal flora, is a common cause of urinary tract infections in young women.

Streptococci

Streptococci are Gram-positive bacteria that usually form pairs or chains during growth. There are at least 20 species that can be classified on the basis of similar features, for example, *Streptococcus pyogenes* (group A), *S. agalactiae* (group B) and the enterococci (group D). The letters A-U represent specific cell-wall antigens that have been identified.

Like the staphylococci, streptococci are pyogenic and produce a variety of extra-cellular substances which increases their virulence, including:

- streptokinase
- streptodornase - which depolymerises DNA
- pyrogenic exotoxins
- haemolysins - substances that destroy red blood cells.

The cell wall also contains "Protein M" which protects the bacterium against phagocytosis. *S. pyogenes* (also known as group A beta-haemolytic streptococci) is the most medically important streptococcus species.

The most common local infection with *S. pyogenes* is a sore throat ("strep throat"). The bacteria are thought to adhere to the epithelium of the pharynx using pili - rigid protein structures that stick out of the cell wall like bristly hairs. In adults the infection is characterised by inflamed tonsils, enlarged and



A sore throat is often caused by *S. pyogenes*

tender cervical lymph nodes and a high fever. However, 20 per cent of infections may be asymptomatic. *S. pyogenes* may also cause impetigo and, if it enters the bloodstream, infective endocarditis.

Before the widespread use of antibiotics in developed countries streptococcal A infections could lead to the development of one of two post-streptococcal diseases: acute glomerulonephritis or rheumatic fever. These would normally occur between one and four weeks after the initial infection, suggesting a hypersensitivity or auto-immune reaction rather than another infection. Most patients recover completely from glomerulonephritis but rheumatic fever can lead to permanent heart valve damage as well as scar tissue in the myocardium.

Many patients receive prophylactic antibiotics before minor surgical procedures to prevent a recurrence of the rheumatic fever and additional heart damage that could develop if *S. pyogenes* was re-introduced into the bloodstream. Other strains of *S. pyogenes* cause scarlet fever and a streptococcal version of toxic shock syndrome.

Group B streptococci can cause

a fatal sepsis or meningitis in neonates. The bacteria form part of the normal vaginal flora of 25 per cent of women and the baby can become infected during delivery. About 700 babies each year develop this infection after birth in the UK; around 100 may die. The use of intravenous antibiotics during labour in women who are known to be carriers and have other risk factors significantly reduces the rate of infection and mortality.

Streptococcus pneumoniae (formerly known as *Diplococcus pneumoniae*) or the pneumococci, are normal inhabitants of the upper respiratory tract in humans. They cause pneumonia, bronchitis and sinusitis as well as other infectious conditions. Pneumococci produce disease by their ability to multiply in the tissues. They do not produce toxins and their virulence is due to a polysaccharide capsule that inhibits phagocytosis. Infection leads to the production of a fibrinous fluid that fills the alveoli of the lungs.

Between 40 and 70 per cent of people carry the pneumococci at some time without symptoms. However, a weakness in the respiratory tract such as a viral infection, damage to the cells

caused by smoking or heart failure leading to problems with blood circulation can lower the resistance of the normal respiratory mucosa and lead to infection.

Haemophilus

The haemophilus species is classified as a group of Gram-negative, rod-shaped bacteria although in different environments and at different stages of growth they may exist in a variety of shapes and sizes.

H. influenzae in its non-encapsulated form is a part of the normal respiratory flora of humans. When the bacterium is surrounded by a polysaccharide capsule, it appears to be pathogenic because of the capsule's antiphagocytic properties.

H. influenzae type b is the best known member of the species; it causes meningitis, pneumonia and epiglottitis. Non-typable *H. influenzae* is more likely to cause bronchitis, otitis media, sinusitis and conjunctivitis. While 2-4 per cent of people may be carriers for type b between 50 and 80 per cent of people carry the non-typable *H. influenzae*.

Before the introduction of the Hib vaccine in 1992, one in 600 children developed some form of the disease by the time they were five. This led to an average of 30 deaths and 80 cases of permanent brain damage a year in children in England and Wales. In 1998 there were just 21 cases, although there has been a recent increase and children have been given booster vaccinations.

Pseudomonas

Pseudomonas aeruginosa, an important human pathogen, is part of the Pseudomonad group of bacteria that are widely distributed in soil, water, plants and animals. They are classified as Gram-negative, motile, aerobic rods.

P. aeruginosa is frequently found as a small component of the normal flora of the skin and intestines of humans but as a pathogen it is invasive and toxigenic, producing infections in patients with impaired defence mechanisms. As a result it is an important nosocomial pathogen (originating in hospital).

The bacteria attach to host cells using pili, as described previously. They produce lipopolysaccharides, which are responsible for fever, shock

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IF YOUR CUSTOMERS THINK A NASAL SPRAY COULD NEVER BEAT ANTIHISTAMINE TABLETS



SOMEONE'S PULLED THE WOOL OVER THEIR EYES¹⁻⁹

It's time to clear up woolly thinking amongst allergy sufferers. Tell them that there isn't a more effective allergy treatment in your pharmacy than Flixonase Allergy Nasal Spray. Let them know that this spray is different, as it's not just for nasal symptoms. It can tackle all symptoms of hayfever, even the itchy eyes and groggy head by spraying just once a day.¹⁻¹⁴ Recommend Flixonase Allergy, because nothing is more effective without prescription.

SO MUCH MORE THAN AN ANTIHISTAMINE



Flixonase Allergy Nasal Spray Product Information. **Presentation:** Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Consult a doctor before use in: concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side effects:** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face

or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanbury's, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. Flixonase is a registered trade mark of the GlaxoSmithKline group of companies.

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(severe reduction in blood pressure causing poor blood supply to major organs), leukocytosis and leukopenia. Extracellular enzymes such as proteases, haemolysins that degrade red blood cells and exotoxin A that blocks protein synthesis further contribute to the bacteria's virulence.

Common infections caused by *P. aeruginosa* include:

- infections of wounds or burns producing blue-green pus
- urinary tract infections introduced by catheters
- otitis externa in swimmers
- malignant otitis externa in people with diabetes
- fatal sepsis after invasion of the bloodstream
- long-term lung infections in cystic fibrosis patients.

Symptoms of a *P. aeruginosa* infection are non-specific but related to the organ involved.

Neisseriae

Neisseriae are Gram-negative cocci that usually occur in pairs. The two most important human pathogens are *N. gonorrhoeae*

(gonococci) and *N. meningitidis* (meningococci).

Only gonococci that have attachment pili are pathogens and they selectively attach to certain epithelial cells in the body: mainly the urethra, cervix, pharynx and conjunctiva. A single gonococcus strain may express many different types of surface proteins including pili, and as these proteins act as antigens the rapid switching from one form to the other promotes bacterial virulence by avoiding the host's immune system. Once the bacteria have attached to the epithelial cells, pus starts to form and the bacteria may invade the tissues, causing inflammation and fibrosis.

In men the genital infection usually starts in the urethra producing yellow, creamy pus and painful urination. However, it can be asymptomatic. In women the infection begins in the cervix with a discharge and progresses to the vagina and urethra causing painful urination. Untreated genital infections can improve without treatment but this increases the risk of sterility in the

future. In men this is caused by inflammation that may spread to the testes. In women fibrosis that spreads to the fallopian tubes can prevent the released egg from reaching its destination or increase the risk of an ectopic pregnancy. If the gonococci enter the bloodstream they can cause skin lesions, arthritis and, rarely, endocarditis.

Babies born to women with gonorrhoea are at high risk of developing an eye infection that progresses rapidly and, if left untreated, can lead to blindness.

Meningococci may form part of the natural flora of the throat and nose, attaching to the epithelium using pili. From here they may enter the bloodstream, producing symptoms of an upper-respiratory tract infection or meningitis. It is not understood why some carriers of the bacteria develop a systemic infection or why some infections are more serious than others.

The serotypes of meningococci that are important human pathogens are A, B, C, Y and W-135, identified by the different immunologic properties of capsular polysaccharides. Vaccines have been developed to all types except B.

Preventive role

Despite the presence of opportunistic pathogens in the usual microbial flora of a human body, under normal conditions the bacteria found in different locations may help to prevent the body from diseases caused by other pathogens. For example:

- Acidic secretions produced by the breakdown of lipids by resident flora on the skin discourage the growth of other micro-organisms, for example, *Propionibacterium acnes*, *S. epidermidis*.
- The microbes of the resident flora may inhibit the growth of pathogens by competing for oxygen or essential nutrients such as vitamins, amino acids and iron.
- Toxic metabolic byproducts produced by the resident flora may inhibit the growth of other organisms, for example

Lactobacilli in the vagina keep the pH acidic, inhibiting the growth of other organisms.

● Components of the normal flora may also stimulate the immune system by causing the production of antibodies that will cross-react and protect against harmful pathogens.

Bacteria may also help the body to perform other essential functions. Intestinal bacteria, particularly those in the colon, are important in the synthesis of vitamin K, conversion of bile pigments and bile acids, absorption of nutrients and breakdown products as well as antagonism to pathogens.

Vanessa Sherwood, BSc, MRPharmS, is a freelance writer, formerly clinical editor, C&D.

Actionplan

1. What are the main characteristics of bacteria? How do they differ from viruses, prions, single cell organisms and fungi?
2. Think about why some bacteria are pathogens while others are not. Why do some bacteria become pathogens at some time and even change back to being non-pathogenic? What influences such changes?
3. In your practice workbook list bacteria in the body that are important to wellbeing. Where are they situated? What do they do? What happens if they are reduced/increased in number?
4. Do you stock any preparations based on bacteria? If so, how do they act?
5. The article mentions a few types of bacteria. In your practice workbook list a few others that are important to life, not just those using the human body as a host.
6. If the balance of the body's bacteria is disturbed, illness may result. In your practice workbook list a few examples, stating the bacteria involved and the result of the disturbance.

Although scrupulous standards of hygiene are important, it's comforting to know that certain bacteria may also help the body to perform essential functions



Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the May 7 issue, which will cover this week's CPP-accredited module, together with those in the April 2 and 9 issues. These will cover:

● **Kidney diseases part 1 (1333)** ● **Folic acid (1334)** ● **Basic bugs part 2 (1335).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers.

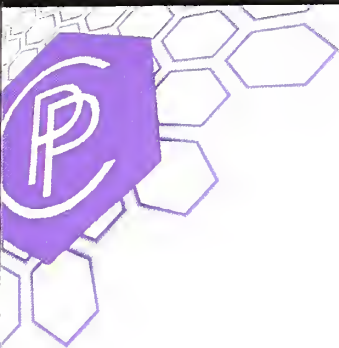
Those wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.



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GENUS PHARMACEUTICALS



Newsletter

APRIL
2005

College membership – time for a change?

Membership of the college could be opened up to pharmacy support staff under proposals being put forward to revise the CPP's membership criteria

Eligibility for membership of the College of Pharmacy Practice is governed by the articles of association, which were written before the college was set up in 1980. Some changes to the articles have been made over the years, but it has now been suggested, as we approach our 25th anniversary in the autumn, that it is time for a major review to reflect changes in professional practice.

The original members of the college were the seven signatories to the articles of association, plus the remaining members of the Council of the Pharmaceutical Society of Great Britain (as it was then). The council members were also the first governors.

The articles of association allowed the governors to admit as associates of the college, persons who undertook to make a financial commitment to the college and fulfil an educational requirement.

However, the articles also stipulated that all members and associates had to be registered as pharmacists with the PSGB. This was subsequently amended to include pharmacists registered with the Pharmaceutical Society of Northern Ireland.

When the college became independent of the Society on January 1, 1986, those pharmacists who had been

admitted as associates on the foundation of the college could apply to be admitted as members. Most took up this option. Subsequent progression from associate to full membership was by completing the membership examinations or, more recently, the membership by practice assessment.

During the last few years, alternative routes to membership have been introduced, via the Scottish Vocational Training Scheme (SVTS), or the membership assessment of one of the specialist faculties of the college. Fellowships have also been introduced, with this progression determined by assessment of a submission, or completion of the SVTS Pharmacy Leader Assessment.

The college governors have now decided that it is time to review the membership criteria to reflect the changes taking place in the pharmacy workforce. It is proposed that membership should be opened up to pharmacists registered overseas, and to pharmacy support staff in the UK.

It is also proposed that pharmacists who have been members of the college since its foundation should be able to retain their association with the college without necessarily remaining on the Society's register as practising pharmacists.

Under the articles, the governors already have powers to determine the educational requirements. *Continued over* ►

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Risk communication

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Membership of the College

Members of the College of Pharmacy Practice share a common interest in achieving a high standard of practice and must give a commitment to participate in continuing professional development.

All pharmacists registered in the UK are eligible to join as associates and may then proceed to membership and eventually fellowship of the College.

Membership by practice is now the method of choice for Associates proceeding to membership.

Full details of membership are available from the College office or from the College website –

www.collpharm.org.uk.

Tel: 024 7622 1359

E-mail: info@collpharm.org.uk

to be met by members, and the right to apply a designation to any category of member. The only barrier to extending membership eligibility is the article requiring all members and associates to be registered as pharmacists with the RPSGB or PSNI.

It is proposed, therefore, that this article should be removed and replaced with one that allows the governors to admit to membership people who are engaged in the practice of pharmacy or in support of such practice. The powers of the governors to determine the educational requirements for any grade of member will also be clarified, by requiring the governors to make regulations to specify the educational requirements to be met by all categories of member.

At present, the governors have the power to appoint honorary members, but these can only be persons with an overseas qualification in pharmacy. This power has never been used, so it is proposed to change this article to allow governors to make regulations governing the appointment of honorary members.

The opportunity is also being taken to revise the articles of association by removing all references to procedures that were applicable before the college became independent of the Society, since they are no longer relevant.

It is hoped that all members and associates will wish to take part in these important consultations

All members and associates of the college will receive a consultation paper with this edition of the newsletter. It will set out in detail the changes that are being proposed, together with the reasons for the proposed change. All recipients are encouraged to respond, giving their views on the proposed changes.

A formal proposal to change the articles of association will be presented at the annual general meeting of the college on June 23 and all full members of the college present at the meeting will have the opportunity of voting on the

proposals. The chairman of the meeting or any member present at the meeting may demand a poll of all members in addition to the vote at the meeting.

In addition to this consultation on the articles of association, there will be subsequent consultations on the regulations for membership. It is hoped that all members and associates will wish to take part in these important consultations on the future of the college, and I hope that the outcome will be a structure that will allow the college to move forward with confidence and renewed vigour into the second 25 years of its life.

Ian G Simpson
Chief Executive



Servier Prescribing and Medicines Management Awards

The college and the faculty of prescribing and medicines management are co-operating with the Royal Pharmaceutical Society, the National Pharmaceutical Association and the Association of Nurse Prescribers to run an awards programme in the field of prescribing and medicines management. The awards will be sponsored by Servier Laboratories.

There will be two types of award:

Recognition of Best Practice Award

There will be three awards, each of £1,500, to be used by the winners to attend the British Pharmaceutical Conference and/or the Association of Nurse Prescribers Conference.

Research Award

There will be one award of £10,000 for the research in prescribing and medicines management, preferably in the

therapeutic areas of osteoporosis, CHD and diabetes. A joint adjudication panel will draw up criteria for the awards and judge applications. Administration of the awards programme will be carried out by the College. We are most grateful to Servier Laboratories for their commitment to sponsor these awards, and to Ramila Mistry for her work in getting agreement for the programme before leaving the company for another post.

CPP takes initiative on CPD

The college is working on three initiatives to support members with their CPD.

Pilot of local support groups

David Morgan, the college vice-chairman and regional facilitator for Wales is running a series of local workshops to support college members and help them get started with recording their CPD. The workshops are being run in co-operation with WCPPE and the Society's local CPD facilitator. This will be a pilot project for the college and, if successful, it will be used as a template for other local workshops to take place throughout the UK.

Scottish Hot Topic event

The College Committee in Scotland is putting on a Hot Topic Session on CPD. This will be held on the morning of

June 1 at the Royal College of Physicians in Glasgow. The event is being run in co-operation with the Scottish Specialists in Pharmaceutical Public Health, who are holding their annual Pfizer Award presentations for pre-registration projects at the same venue in the afternoon. Full details will be available on the college website and will be mailed to college members in Scotland.

Session at BPC

The college is working with the Royal Pharmaceutical Society on a session on CPD at the British Pharmaceutical Conference in Manchester. The session will be held on the afternoon of Wednesday, September 28, and it will be well worth staying to the end of the conference to attend it.

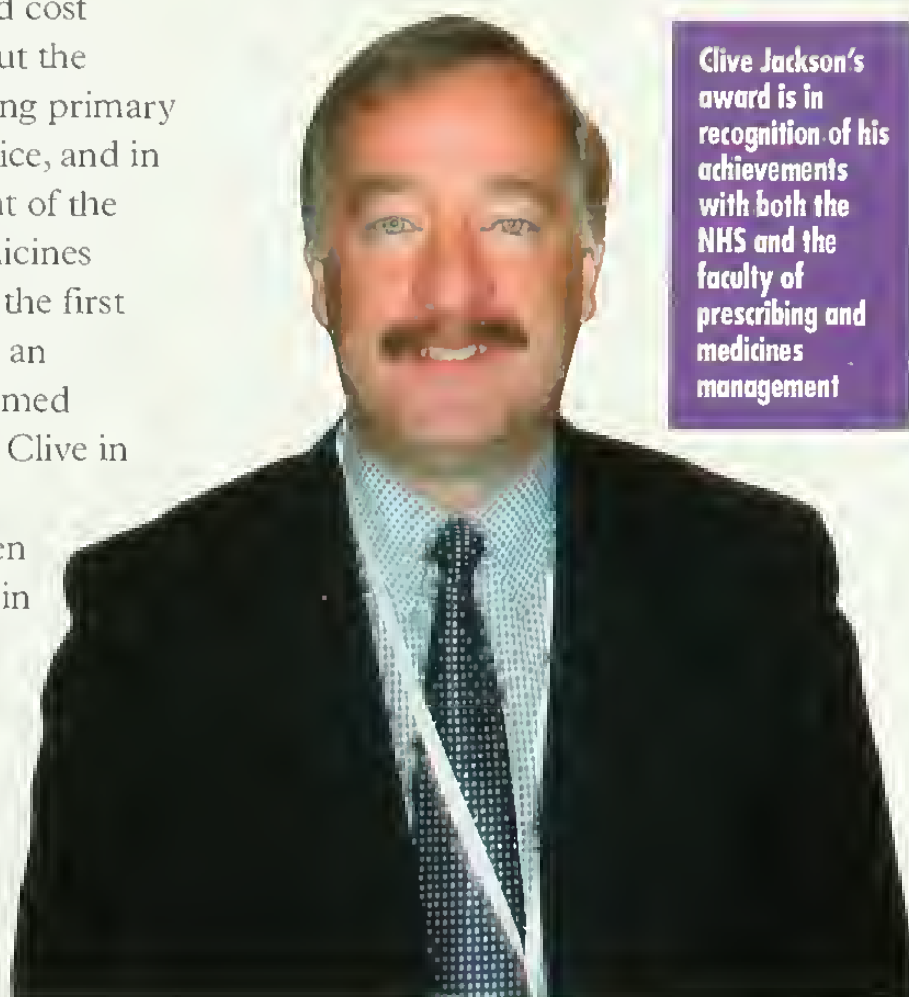
Schering award goes to Jackson

Clive Jackson, chief executive of the National Prescribing Centre, is to be the recipient of the college's Schering Award for 2004, the governors have decided.

Clive's award is in recognition of his work in promoting rational and cost effective prescribing throughout the NHS, in training and supporting primary care pharmacists in their practice, and in the setting up and development of the faculty of prescribing and medicines management, of which he was the first chairman. The award, which is an engraved glass goblet and a framed certificate, will be presented to Clive in London later in the year.

The Schering Award has been presented annually since 1986 in recognition of an outstanding contribution to pharmacy practice. The award is sponsored by Schering Health Care, but the company takes no part in the nomination or adjudication process. The

college invites nominations in December of each year, and the governors make the final decision at their March meeting. The college is most grateful to Schering for its continued support of this prestigious award.



Clive Jackson's award is in recognition of his achievements with both the NHS and the faculty of prescribing and medicines management

Elections under way

The annual election to the college board of governors is now under way.

The governors who complete their period of office at the AGM in 2005 are Professor Claire Anderson, Charles Butler, Dr Gillian Hawksworth and David Morgan. The associate representatives who complete their period of office at the AGM in 2005 are Dhiren Ravol and Mel Smith. All are eligible for re-election.

By the time you read this, we should have received nominations, and the ballot papers are being circulated to college members with this newsletter. If they are not included, it means that the number of nominations received did not exceed the number of seats and no election is necessary.

If we do have an election, I would urge you to exercise your rights as a college member or associate and vote for the candidates of your choice. The closing date for the receipt of votes is May 5 (which, coincidentally, may also be the day when we will all have the opportunity of exercising our democratic rights in the wider world of national politics).

College Day Conference

Pharmacy – the gateway to choosing health

Do you want to play a greater role in improving the health of the community in which you work? To help you do this, come along to the College of Pharmacy Practice Day Conference and hear from the policy makers and leading-edge practitioners.

The programme will include:

- Keynote address on multidisciplinary public health.
- An overview of pharmacy's role in public health.
- Presentations on current developments and future plans in the four UK countries.
- Pharmacy public health marketplace – hear from the practitioners who are actually doing it.
- College AGM and presentation of awards.

Date: Thursday, June 23, 2005.

Venue: MIC, Euston Street, London. Further information will be available on the College website – www.collpharm.org.uk

Volunteers wanted

It is the Year of the Volunteer. So we would love to hear from members or associates of the college who would be willing to join the membership services committee. The committee has the remit of overseeing the college's services to its members, its CPD support programme, the regional facilitator network and the annual College Day Seminar, as well as publicity for the college. It meets in Coventry three or four times per year, and it is possible to participate in the meetings by teleconference link. Travelling expenses are paid and locum costs may also be claimed. If you would be interested in joining the committee, please contact the college office and speak to the chief executive or ask to be put in touch with Carol Trower, the committee chair.



College Diary 2005

Date	Event	Venue
April 23–24	Institute of Pharmacy Management Spring Conference	Chester
May 5	Faculty of Prescribing and Medicines Management Conference and AGM	Warwickshire
June 1	College in Scotland Hot Topic Session and AGM	Glasgow
June 16–18	UKMi Conference with College participation	Coleraine
June 23	College Day Seminar and AGM	London
September 11	Joint College and IPM Leadership Seminar	Forest of Arden
September 26–28	BPC with College Session on September 28	Manchester
October 29	Faculty of Neonatal and Paediatric Pharmacy AGM at the NPPG Conference	Belfast

Membership subs – April 30 deadline

Those of you who do not pay your annual subscription promptly miss out on the discount offered to those who pay before January 31. But many thanks to all members and associates who have paid their subs for 2005. It is a considerable boost to the college finances if we receive the money early in the year!

Unfortunately there are a number of people who still have not yet paid. If you have received a reminder letter recently

and have not yet responded, you are asked to do so as soon as possible, and by April 30 at the latest. If payment is not received by then your name will be deleted from the membership database. We are most reluctant to do this, but it is a condition of membership that you continue to pay your annual subscription.

It would greatly reduce our administrative costs if all members paid by direct debit, and you can do this either

annually or six monthly. As the college is a registered charity, it is also possible to pay your subscription by Gift Aid, which allows the college to claim a tax refund from the Inland Revenue. This increases college income by 28p for every £1 you pay, and is a most helpful source of income for the college. To pay by direct debit or by Gift Aid, please contact finance assistant Penny Hardie for details (e-mail penny@collpharm.org).

Independent prescribing by pharmacists – have your say

The Medicines and Healthcare Products Regulatory Agency has launched a consultation process on proposals to introduce independent prescribing by pharmacists.

The college is among the many organisations being consulted and, in view of the importance of this subject, the governors have set up a working party to formulate a response. The convenor is immediate past chairman Dr Angela Alexander.

The MHRA has set out the following seven options for independent prescribing by pharmacists:

- No change.
- Prescribing for certain conditions from a limited formulary.
- Prescribing for any condition from a

limited formulary.

- Prescribing for specific conditions from a full formulary.
- Prescribing for any condition from a full formulary.
- Different approaches for the different clinical settings.
- A hybrid approach.

The full text of the MHRA consultation letter is available on the MHRA website www.mhra.gov.uk under reference MLX321. You may respond direct to MHRA, but if you wish to contribute to the college response, please email chief executive Ian Simpson (ian@collpharm.org) by April 30, and he will ensure that your comments are considered by the working party.

In view of the importance of this subject, the Governors have set up a working party to formulate a response

Relax

Because 96% of patients can achieve GMS target.¹

Because significant reductions in cholesterol can reduce CV mortality and morbidity.²

Because you can choose the appropriate start dose to meet the needs of your patients.³

Because there are 87 million patient-years of experience.⁴

Abbreviated prescribing information: Lipitor
Presentation: Lipitor is supplied as film coated tablets containing 10mg, 20mg, 40mg or 80mg of atorvastatin. **Indications:** In patients unresponsive to diet and other non-pharmacological measures, Lipitor is indicated for the reduction of elevated total cholesterol, LDL-cholesterol, apolipoprotein B, and triglycerides in adults and children aged 10 years and older with primary hypercholesterolaemia, heterozygous familial hypercholesterolaemia or combined (mixed) hyperlipidaemia. Lipitor also raises HDL-cholesterol and lowers the LDL/HDL and total cholesterol/HDL ratios. Lipitor is also indicated for the reduction of elevated total cholesterol, LDL-cholesterol, and apolipoprotein B in patients with homozygous familial hypercholesterolaemia. **Dosage:** The usual starting dose is one Lipitor 10mg tablet daily. Doses should be individualised according to baseline LDL-C levels, the goal of therapy, and patient response. Doses may be given at any time of the day with or without food. The maximum daily dose is 80mg. Doses above 20mg/day have not been investigated in patients aged 18 years. **Contraindications:** Hypersensitivity to any of the ingredients, active liver disease, unexplained elevations in serum transaminases, pregnancy and breast feeding and in women of child-bearing potential not using contraception. **Warning**

and precautions: Liver function tests should be performed before initiation and periodically thereafter and in patients who show signs and symptoms of liver injury (monitor raised transaminases until they return to normal). Drug dosage should be reduced or therapy discontinued if persistent elevations occur above 3-times the upper limit of normal. Lipitor should be used with caution in patients with a history of liver disease and/or alcoholism. Patients with signs and symptoms of myopathy should have their creatine phosphokinase (CPK) levels monitored. Lipitor should be discontinued if CPK levels are markedly or persistently raised or myopathy is diagnosed or suspected. Lipitor should be prescribed with caution in patients with pre-disposing factors for rhabdomyolysis. Risk of myopathy may increase when administered with certain other drugs, such as fibrates. As with other statins, rhabdomyolysis with acute renal failure has been reported. **Pregnancy and lactation:** Lipitor is contraindicated in pregnancy and lactation. **Side effects:** Side effects most frequently reported in controlled clinical studies: constipation, flatulence, dyspepsia, abdominal pain, headache, nausea, myalgia, asthenia, diarrhoea, insomnia, elevations in ALT and CPK levels. Other side effects have been reported in clinical trials and post-marketing (See Summary of Product Characteristics). **Legal category:** POM. **Date of revision:** February 2005.

Package quantities, marketing authorisation numbers and basic NHS price: Lipitor 10mg (28 tablets), PL16051/0001 £18.03, Lipitor 20mg (28 tablets), PL16051/0002 £24.64, Lipitor 40mg (28 tablets) PL16051/0003 £28.21, Lipitor 80mg (28 tablets) PL 16051/0005 £28.21. **Marketing authorisation holder:** Pfizer Ireland Pharmaceuticals, Pottery Road, Dun Laoghaire, Co. Dublin, Ireland. Lipitor is a registered trade mark. Further information is available on request from: Medical Information, Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. **Date of preparation:** February 2005. **Item code:** LIP 17388. **References:** 1. Athyros VG *et al.* (2002) *Curr Med Res Opin* 18(8): 499-502. 2. Athyros VG *et al.* (2002) *Curr Med Res Opin* 18(4): 220-228. 3. Lipitor SmPC <http://www.medicines.org.uk> Last Accessed 16/03/04. 4. Data on file - ATO 25, Lipitor Patient Years, Pfizer Limited.



LIPITOR
atorvastatin

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UniChem

Study supports use of rimonabant in obesity

Taking rimonabant, a selective cannabinoid-1 receptor blocker, helps lead to sustained weight loss and reduces the risk of cardiovascular disease, a study is suggesting.

The European rimonabant in obesity (RIO) trial randomised over 1,500 patients to receive rimonabant or placebo daily in conjunction with a reduced calorie diet (600kcal/day deficit). After one year, patients taking 20mg rimonabant had lost an average of 6.6kg, those on 5mg of the drug had lost 3.4kg, and patients on placebo had reduced their weight by less than 2kg. In addition, the high-dose rimonabant group experienced improvements in waist circumference, HDL-cholesterol, triglycerides and insulin resistance.

The trial findings back the results of a phase III study presented at last year's European Society of Cardiology meeting (*C&D*, September 4, p23). Furthermore, the side effects



identified in both trials appear similar, with nausea, dizziness and diarrhoea among the most commonly reported.

No effects on blood pressure or heart rates, or changes in liver or kidney function, depression or anxiety scores were noted in the RIO trial.

Citing the paper as a "substantial advancement on this important topic", an accompanying editorial by

clinicians from the endocrine unit in Bologna, Italy, heralds rimonabant as "a new pharmacological treatment to tackle obesity". This view supports the study authors' conclusion that the drug "holds therapeutic promise as an approach to the treatment of obesity and associated risk factors".

For more information:

The Lancet 2005; 365: 1389-97

Smoking linked to loss of vision through AMD

Smokers are twice as likely to develop age-related macular degeneration (AMD) than non-smokers, say researchers.

Writing in the *British Journal of Ophthalmology*, the team of scientists considered nearly 5,000 patients aged 75 years and over and found that current smokers were twice as likely to suffer from AMD than non-smokers.

Unless they had quit the habit more than 20 years ago, ex-smokers were also found to be at increased risk of AMD.

As there is no treatment that can restore visual loss caused by AMD, the authors say their findings are significant.

The researchers conclude: "As increased risk of AMD, which is the most commonly occurring cause of blindness in the United Kingdom, is yet another reason for people to stop smoking and governments to develop public health campaigns against this hazard."

For more information:

Br J Ophthalmol 2005; 89: 550-3

New NSAID roles are proposed

NSAIDs may protect against oral cancer and Parkinson's disease, preliminary findings from two studies have shown.

The first study, presented at the American Association for Cancer Research's annual meeting this week, found that light to moderate smokers reduced their risk of developing oral cancer by 65 per cent if they took NSAIDs. The effectiveness of NSAIDs was less in heavy smokers, and the results

were not duplicated in smokers who took paracetamol.

In the second study, researchers identified that regular users of non-aspirin NSAIDs had a 35 per cent lower risk of Parkinson's disease than non-users. The mechanism of action is unclear, but the effect appeared dose-related, delegates were told at the American Academy of Neurology's annual meeting last week.

Statins improve stroke outcome

Using statins before or after an ischaemic stroke improves patient recovery, say US researchers.

Emerging findings have shown that patients are 1.6 times and 2.5 times more likely to have a favourable outcome if they take statins before or after an ischaemic stroke respectively.

Presented at last week's American Academy of Neurology

annual meeting, the research involved 1,618 people.

Study author Majaz Moonis said: "These results are very exciting and suggest that, unless contraindicated, all patients at risk for ischaemic stroke or recurrent ischaemic stroke should probably be treated with statins." But he warned that further research was needed to confirm the findings.

Scriptlines

Inflexal V updated

Sanofi Pasteur MSD has updated its influenza vaccine Inflexal V to include new virus strains.

The 2005/06 formulation incorporates an A/New Caledonia/20/99 (H1N1)-like strain, Reassortment viruses IVR-116 and NYMC X-157, A/California/7/2004 (H3N2)-like strain, B/Jiangsu/10/2003 and a B/Shanghai/361/2002-like strain.

Prices and pipcodes: single 0.5ml syringe £6.13 315-2113, 10 0.5ml syringes £63.10 315-2105

Sanofi Pasteur MSD
Tel: 01628 785291

Arixtra

GlaxoSmithKline has launched Arixtra (fondaparinux sodium) 5mg, 7.5mg and 10mg for the treatment of deep vein thrombosis and pulmonary embolism.

Available in packs of 10 pre-filled syringes, the dose used to treat DVT and PE via deep subcutaneous injection is determined by patient weight. The 5mg strength should be used in

those below 50kg, 7.5mg for 50-100kg and 10mg above 100kg body weight. Treatment should be continued for at least five days and until adequate oral anticoagulation has been established.

Arixtra is unsuitable for use in patients requiring thrombolysis or pulmonary embolectomy, or with severe renal impairment or acute bacterial endocarditis. In addition the SPC states that, although care should be taken, no dose adjustment is necessary in patients who are elderly or suffering hepatic impairment.

Price: 10 prefilled syringes £123.70

Pip code: 5mg 314-9820, 7.5mg 314-9838, 10mg 314-9846
GlaxoSmithKline UK Ltd
Tel: 020 8990 9000

Testim gel

Further to the recent launch of Testim 50mg gel (*C&D* April 9, p26), Ipsen has clarified that the basic NHS price is £33.00 per box of 30 tubes.

Did you know that you could be losing **£2500 every month?**

Changes in generics reimbursements mean that on average pharmacies will now lose approximately £2500 every month.



Colorama Pharmaceuticals can help minimise these losses with its new Generics Club. We'll allow you to buy generics at consistently competitive discounts, month-in, month-out and with no hidden catches.

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Pharmaceuticals

Younger skin from Skin Doctors

Skin Doctors Cosmeceuticals is introducing Gamma Hydroxy anti-ageing cream into pharmacies.

The skin resurfacing cream combines glycolic, lactic and salicylic acid to encourage skin cells to renew themselves more quickly, revealing smoother skin underneath. An improvement in wrinkles and acne scarring should be seen in three to six weeks and within 12 weeks skin should be firmer, smoother and more radiant.

Gamma Hydroxy is suitable for all skin types, but especially ageing, dry and oily skins.

The inclusion of

salicylic acid improves blemishes, while malic and lactic acids have anti-ageing benefits. It's not recommended for sensitive skins and shouldn't be applied around the eye area.

Price: £39.95

CAT Industries

Tel: 0800 298 7200



Model looks at affordable prices

Models 1 electric hair stylers are now to be available through pharmacies throughout the UK.

Loved by supermodels and celebrity stylists, the Models 1 range combines top quality with good looks.

The Ceramic Straightener is perfect for creating the sleek, shiny styles that are still so popular. It features a smart lock at the cool tip, so heating up time is cut and cooling down time before storage reduced. The ceramic plates heat up to 180°C and there's a three metre cable for easier styling.

The Ceramic Curling Tong is great for achieving this summer's

hippy curls on all hair lengths and styles. There's a temperature dial for styling flexibility and a brush attachment smooths, adds waves or flips to hair. The tongs also switch off after an hour (so no panicking if you've forgotten to turn them off). Both products are guaranteed for two years.

As an introductory offer to pharmacists, Mascho is offering a free curling tong with every order of six products (tongs or straighteners or both).

Price: Ceramic Straightener £29.99,

Curling tong £19.99

MASCHO

Tel: 020 8204 2224

Relief for IBS sufferers

Buscopan IBS Relief is clinically proven to relieve abdominal cramps and spasms associated with irritable bowel syndrome (IBS).

The GSL tablets contain hyoscine butylbromide 10mg, derived from the duboisia plant, which has an anti-spasmodic action. It helps to relax cramping muscles and relieve pain, helping digestion return to normal.

To support the launch, Boehringer Ingelheim has produced a report - *Taking the pain out of IBS* - together with media

GP Dr Alasdair Wright and endorsed by the charity CORE (previously the Digestive Disorders Foundation). The report reveals that 50 per cent of IBS sufferers

never consult a doctor and the average attack lasts around three days.

Some 67 per cent of sufferers questioned said they'd used analgesics to relieve IBS pain,

with only 29 per cent treating with a specific IBS remedy.

Price: £4.39 for 20 tablets

Boehringer Ingelheim Ltd

Tel: 01344 424600



ALLERGY ADVICE Rapid response allergy relief Active in **15 minutes**

HAYFEVER MONITOR

For free pollen alerts text **POLLEN** to 85080* or log on to www.allergyadvice.co.uk

WEEK STARTING 23 April

KEY FACTS

- Pollen counts are slightly lower than the same time last year, but are normal for April
- Glasgow has the lowest UK pollen count
- London, Norwich and Plymouth are all on pre-alert status, with a rise in Birch, Willow, Ash and Plane pollen predicted

POLLEN COUNT

- HIGH
- MED
- LOW

Information updated weekly by SDI

*Initial message is charged at your normal network rate. To unsubscribe from subsequent free alerts text 'stop' to 85080

*GSL status. Further information is available from Pfizer Consumer Healthcare, Walton Oaks, KT20 7NS

Kissproof and luminous lips

L'Oreal Paris has introduced Invincible Kiss Proof Luminous lipstick, a transfer-resistant formulation with metal-shine particles for a luminous finish.

The formulation combines a film-forming polymer for staying power and an anti-fade ingredient.

Price: £7.99

L'Oreal Paris

Tel: 0161 655 1400

L'Oreal creates catwalk looks

Cosmetics brand L'Oreal Paris is once again sponsoring the UK's Graduate Fashion Week, which takes place from June 5-8 in London.

A team of L'Oreal make-up artists will be on hand throughout the event to create the catwalk looks for the college shows and Gala awards show.

Stroke of genius from Rembrandt

Oral-B is launching a co-branded range of toothpastes with Rebrandt, the tooth whitening brand it purchased last year.

There are four co-branded toothpastes in the range: Oral-B Rembrandt Complete Mint, for everyday whitening with tartar control; Oral-B Rembrandt Plus, an extra whitening formula with low abrasion; Oral-B Rembrandt Sensitive, a whitening formula for sensitive teeth; Oral-B Rembrandt stain Defying, formulated to remove stains caused by tea, coffee, red wine and smoking.

The whitening paste market is valued at £51 million. "Consumer demand for whitening

products is on the rise with around a sixth of all toothpaste purchased having whitening properties. The Oral-B Rembrandt range is Oral-B's first foray into the toothpaste market but, with Oral-B's oral care credentials and Rembrandt's expertise and benchmarking products, we're confident that this new range will be a real success," commented Chris Gaskell, senior business manager at Oral-B.

Price: £7.99 each

Oral-B

Tel: 020 8847 7800



Natural relief for hay fever

Potter's has launched a range of alternative hay fever treatments called Allerclear. The products include eye drops and nasal spray which are suitable for use in pregnancy and during breastfeeding, as well as herbal tablets.

Allerclear Eye Drops relieve sore, itchy eyes and contain eyebright. The pack contains 10 individual doses, which prevents wastage as they don't have to be discarded after 30 days as with other bottles of eye drops.

Allerclear Nasal Spray is an isotonic solution of natural mineral salts including magnesium, potassium and calcium which

help to keep the nasal passages moist and also give relief from irritation.

Allerclear Tablets contain a blend of garlic and echinacea (which is not suitable for use during pregnancy) which have antiviral and antibacterial benefits as well as helping to relieve stuffy noses.

To support the launch of the range Potter's has introduced a new website www.allerclear.co.uk which provides information about the range.

Prices: Eye drops £4.99; Nasal Spray £4.99; tablets £6.99.

Potter's

Tel: 0191 523 6578

Professional baby advice

Sudocrem and Infacol are sponsoring the "Meet the midwives" advisory area of the nationwide Baby Shows, the first of which is in Birmingham from May 13-15.

The advisory area will give

parents and parents-to-be the chance to seek professional advice on pregnancy and new baby issues.

For more information:

Forest Laboratories

Tel: 01322 550550

Switching from Ascensia™ GLUCODISC to Ascensia™ AUTODISC™

To make life simpler for you and your patients, from 1st August 2005, users of both the Ascensia™ ESPRIT™ and Ascensia™ BREEZE™ Blood Glucose Meters will be able to use Ascensia™ AUTODISC™

From 1st August 2005, the Ascensia GLUCODISC reagent disc will no longer be prescribable/reimbursable on the drug tariff. Please ensure all users of Ascensia ESPRIT 2/ESPRIT and Glucometer ESPRIT blood glucose meters have their prescriptions changed to Ascensia AUTODISC*.

Please direct any customer queries to the Ascensia Diabetes Care Support line on 0845 600 6030.

Our team of dedicated nurses will be available to help your customers with any questions they have related to their new reagent disc or to blood glucose testing in general.



	PIP Code
Ascensia™ AUTODISC™	297-0531

For more information on Blood Glucose Testing, please visit our website www.ascensia.co.uk



*To guarantee the accuracy of the Esprit systems with the Ascensia AUTODISC users will need to continue to correctly code their meter to the batch of Ascensia AUTODISC in use.



Ascensia
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Vichy has sun protection covered

Vichy has relaunched its Capital Soleil sun protection range with improved formulations and new products.

New high coverage technology is used across the range, which means better protection from UV rays. The company's Mexoryl XL photostable filter ensures maximum protection from UVA and UVB rays. In each product, balanced protection from UVB and UVA rays is given, no matter which SPF is used.

New Capital Soleil Ultra-Fluid Fast Drying Sun Block (SPF20 and

SPF60) is 10 times more liquid than a cream. It dries instantly, leaving a matt finish with no whiteness. It's non-oily, so suited to normal, combination or oily skins. Also new is Sun Block Cream (SPF30 and SPF60), rich in moisturisers and suitable for dry skins.

Capital Soleil Milk Gels (SPF20, 30 and 60) combines a gel formula for easier spreading and the softness of a milk for moisturisation. Also new is Capital Soleil Protecting Sprays, which use micro-diffusion technology for more even coverage.

New to the children's range is Capital Soleil Trigger Spray Kids SPF30.

The company's self-tan range has also been extended with the addition of Express Self-Tan Spray for the Body, which has a multi-directional spray for more even colour.

Prices: Milk Gels £11 (SPF30 and 20) and £12.95 (SPF60); Ultra Fluid £11.95; Sun Block Cream £10.95 (SPF60) and £9.95 (SPF30); Trigger Spray Kids £15; Self Tan spray for body £10

Cosmetique Active
Tel: 020 8762 4030



Aquafresh: All areas except U, CTV, GMTV

Cura-Heat: All areas except C4, five

Cura-Heat Period Pain: All areas except C4, five

GlucOsamine: M

Kalms: five, GMTV

Kalms Sleep: five

Lucozade Energy: All areas except U, CTV, GMTV

Lucozade Sport: All areas except U, CTV, GMTV

Sensodyne: All areas except U, CTV, GMTV

Solpadeine: All areas except U, CTV, GMTV

TENA Lady: All areas except U, CTV, LWT, GMTV

PharmaSite for next week: Clarityn – Window, Clarityn – in-store, Refresh eye drops – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

White tide marks get the elbow

New Sanex Dermo Invisible deodorant tackles the problem of unsightly white marks that some APD products can leave on clothes. The formulation gives 24-hour protection from odour and perspiration while a combination of ingredients protect skin and clothes from white residue.

In consumer research, more than half of all deodorant users are aware that APDs can leave white marks and in trials two thirds of consumers said they'd purchase Sanex Dermo Invisible.

Available in aerosol and roll-on formats, products are available from May and will be supported by a marketing campaign.

Price: aerosol £1.99; roll-on £1.59

Sara Lee Household & Body Care
Tel: 01753 523971



Blockhead makes an impact

The Blockhead range of sun care products has won the coveted Design Week Branded Packaging award.

The distinctive square block bottles which feature a twist and

click locking system, plus the simple but bold packaging won over the judges.

For more information:

Ken Lamcraft Marketing
Tel: 01892 750888

Ribena Really Light – developing the low calorie opportunity

Ribena's plans to be an increased part of everyday life include the launch of Ribena Really Light – a no added sugar, low calorie variant. Ribena Really Light's patented formula combines the taste of the Ribena Blackcurrant brand, is low calorie and retains the friendly to teeth benefits of Ribena ToothKind.

Ribena Really Light replaces the Ribena ToothKind and Ribena Light variants,

simplifying the range for consumers and ensuring the no added sugar variant has the same unique Ribena flavour as the Original.

GlaxoSmithKline is supporting the launch with a £4 million media support package. Investment includes poster and magazine advertising, online and PR campaigns and national sampling to reach over 1.5 million consumers.



Fortisip is *Now* Fortisip Bottle



Fortisip (supplied in cartons) is no longer available; it has been replaced by Fortisip Bottle. It's still the same tried and trusted Fortisip formula but the bottle packaging is greatly preferred by patients¹ as it is easier to handle, and what's more, there is no change in the cost.

Any patient that presents a prescription for Fortisip should be given Fortisip Bottle instead.

The prescribing unit for Fortisip Bottle is 1 x 200ml bottle and there are 8 flavours to select from.

NEW
FORTISIP
BOTTLE

Reference: 1. Data on File, Nutricia, February 2003.

Nutricia Clinical Care, Nutricia Ltd, White Horse Business Park, Trowbridge, Wiltshire BA14 0XQ Telephone: 01225 711688

Nutricia Ireland Ltd, Block 1, Deansgrange Business Park, Deansgrange, Co. Dublin, Ireland Telephone: (01) 2890289

Website: www.nutricia-clinical-care.co.uk

NUTRICIA
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Making the difference

Justin Ash, Lloydspharmacy's managing director, talks to Adrienne de Mont about the company's plans for the future

Commitment to health

For Lloydspharmacy, 'championing people's health' will be the focus for the future. In making room for consulting areas, the pharmacies have banished tights, novelties and non-health related items to allow more space and better displays for the non-prescription medicines that will underpin the commitment to health. But most branches will retain photoprocessing and beauty products if they are considered a necessary service.

Health promotion and diagnosis will continue to be an important part of the picture. Lloydspharmacy has already carried out a quarter of a million free blood pressure tests and twice as many tests for diabetes. Several pioneering public health services are on trial and will be launched in the near future.

Heading the organisation over the past year has been managing director Justin Ash, whose previous experience includes cargo trading for Shell International, management consulting in Paris, finance director for PepsiCo Restaurants and European commercial director for Allied Domecq Spirits and Wine. He came to his present post from YUM! Restaurants, where he was general manager of KFC.

His early career is even more of a surprise – he graduated with a first in politics and parliamentary affairs, during which he spent time as an assistant to Roy Hattersley in the House of Commons. But, "with no disrespect to politicians", he decided his talents lay more in doing rather than debating.

He's now a man with a mission in pharmacy: "In the past year I've grown to love it – it's such a worthwhile business. Healthcare is as good as it gets for combining business with making a difference to people's lives."

Although the food industry is much less regulated and he is now in charge of twice as many retail outlets, there are some similarities between running KFC and Lloydspharmacy. Both depend on inspiring people to provide a consistently good service and he is continuing his philosophy of face-to-face contact with staff. He tries to visit several

branches each week to see what goes on in the real world. He has great admiration for healthcare assistants who "provide super customer service day in day out". They have even "trained" him briefly and let him loose on the public – "under heavy supervision of course!" – so he can find out what their job involves.

He has spent his first year helping his team prepare for the new contract, culminating in a conference to launch the company's new strategy as *Your local health authority* (C&D, March 26, p6).

The 'your' emphasises the personal touch, making sure that services are tailored to customer needs and that staff are enthusiastic about their jobs. The company is investing heavily in staff facilities as well as pharmacy refurbishments. Pharmacists will have two days a year paid study leave for CPD and there is support for those who train for medication use review, including a one-off £750 payment when they start the reviews.

"We're also aiming to get as many healthcare assistants who wish to train as dispensers and there will be incentives for dispensers to train as accredited checking technicians (ACTs). The more multi-skilled people we have, the easier it will be to relieve pressure on the dispensary because the problem now is how to cope with increasing prescription volumes.

"I get the message that pharmacists want to be freed to do more of what they are trained to do. Allowing a limited number of ACTs will enable pharmacists to spend more time with customers."

Delegation will need "some cautious flexibility", he says. The company will produce national guidelines that recognise the professional independence of its pharmacists at local level. "The ACT and pharmacist relationship has to build over time. Both have to trust each other. The best run pharmacies are those where the two work together and the pharmacist is liberated to provide more face to face patient care."

Local strategy

The 'local' part of the strategy means never underestimating the importance of the local community.

Lloydspharmacy will continue to run a network of both small and large pharmacies, although at present not many outlets dispense fewer than 1,100 prescriptions a month.

Acquisitions will continue, although – with 1,397 pharmacies – the multiple is

**Pharmacists
want to be
freed to do
more of what
they are
trained to do**



already the UK's largest chain. Each acquisition will be considered on its own merits but would have to have a focus on health, which would usually mean a strong prescription business.

Some new pharmacies might open under the 100 hour a week control of entry exemption and some existing pharmacies might open for as long as this, but only if the pharmacies are in the right place to benefit the community.

"We would have to be confident we could get the staff and that they would have meaningful work to do."

Mr Ash increasingly sees a move towards larger health centres. A sister company, Sapphire Primary Care Developments, is building upmarket one-stop primary care centres with facilities for GPs and other health professionals as well as a pharmacy – which need not necessarily be a Lloydspharmacy. Sapphire PCDD is an active shareholder in two major LIPT (Local Improvement Finance Trust) consortia and, in effect, acts as a specialist property developer. GPs or primary care trusts can rent or buy the premises.

"This moves us into broader healthcare provision and the prestigious facilities encourage positive relationships in the community," he says. Five of these centres have been built and 20 more are in the pipeline.

The company is also at an early stage in developing managed care, a service dedicated to supplying nursing homes.

Health aspects

Pursuit of the 'health' aspect of the strategy will involve engaging with PCITs to find out what enhanced services they need. "We have put significant new resources into our professional development managers and are giving time and financial support to our pharmacists to engage locally with GPs and PCITs," he says. A 'Pledge Card' for staff to hand to local contacts promises to deliver accessible, personalised and innovative NHS services and work in partnership with the primary care team. "It will be important to make sure we're providing every service that we can in the communities we serve," he insists.

So what price the single-handed proprietor in the face of this competition? Does he foresee a brave new world for the multiples with independents losing out in the way they lost OTC business to supermarkets?

"One of the benefits of the new contract is that there will be more carefully structured competition to provide services," he says. "This won't necessarily be bad for independents because a lot of them already have very good relationships with GPs. The new contract will be good for those who are innovative and proactive. It's a challenging environment but not one in which you will do well just because you're a multiple. Hopefully, too, more funds will become available for all pharmacies to provide services that will ultimately benefit the patient."

The final aspect of the strategy – authority – relates to an aim to be the first to introduce health-related initiatives that position the company as trustworthy and responsible. Lloydspharmacy was the first UK retailer to remove sunscreen products with protection below SPF15, on advice from cancer research organisations, even though it meant losing sales.

Towards a bright future

Mr Ash says the company has thought through every aspect of the new contract and pharmacists are enthusiastic about the opportunities. Progress towards ETP is well under way and he hopes the multiple will be one of the first chains to be compliant when the scheme goes live.

In addition, he would like Lloydspharmacy to be a place where people queue up to work. Recruitment has improved, although there are still areas of the UK where it is difficult to find pharmacists. At the same time, he expects high standards in those he recruits, and keeping them happy is just as important.

"One of the toughest challenges for a multiple is to be big yet personal. Independents have a family feel and we try to create an environment where employees feel part of the family – which is why I like to chat to as many of them as I can."

So when asked what he has achieved over the past year, he says: "It's what *we* have achieved, not *I*. I've had a lot of highly committed people behind me. I may be a new man for a new contract, but I walked into an organisation with very solid foundations."

"I couldn't have chosen a more interesting industry at a more interesting time." ☺

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Health Perception's range of Glucosamine products are manufactured to the highest pharmaceutical standards and contain only the purist ingredients. Which ever product you choose, you can be sure of the strength, quality and concentration of the supplement. By offering the consumer the widest and best value for money range, Health Perception remain the UK's best selling brand of High Strength Glucosamine products.



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Pick a colour...

Last week we asked the three main political parties for their views on pharmacy. This week, in the run up to the general election, **Andrea Kirkby** outlines the parties' plans for business

The Labour Party intends to be more 'hands off' in its business policy

Politicians are remarkable people. They tell you how interesting your question was, and then answer a completely different one. So it's perhaps not surprising that finding out exactly what their manifestos offer to the business world is quite a difficult task. Even more difficult in some cases is finding out what the practical reality is likely to be behind the impressive slogans being used.

Labour

The main general economic issue of this election is public spending. Here, there seems to be relatively little difference between Labour and the Conservatives on a broad brush approach. Labour will cut waste in the public sector while increasing spending on selected areas such as education and the NHS. Gordon Brown's 'golden rule' to borrow only for investment purposes, not for current spending, should stay in force.

On tax, it's obviously personal income tax that grabs the headlines. Labour, while so far not committing to holding tax rates at their current levels, has indicated that it will retain the current tax band structure. That rules out the creation of a higher tax band for wealthy individuals.

However, business owners will probably be more interested in what's proposed for business taxation, particularly given the problems surrounding IR35 (service companies), Section 660A (taxation of husband-and-wife companies) and tax treatment of small company dividends. And there's no news there

from the Labour Party (though both the Conservatives and the Lib Dems have decided views, if not manifesto commitments). However, Labour has reduced tax rates for businesses – particularly for smaller businesses – and is committed to keeping these rates competitive.

So far, the promotion of business hasn't been much of a Labour theme. There are mentions of spending on scientific research and development, and the creation of high value, high quality technology businesses which can compete in an outsourced and off-shored global economy, but there's little detail on how this will be achieved. The DTI, in fact, will be drastically trimmed to about half its current size, which suggests the Labour Party intends to be more 'hands off' in its business policy. Like the other parties, Labour intends to cut regulation. It will reduce over 30 regulatory bodies to fewer than 10, and will also create annual targets for paperwork reduction.

In the field of employment, Labour is likely to give employees further rights. It also promises action on corporate manslaughter, though this is an area that's been stalled since the last election and some commentators have criticised its lack of commitment. It also seems likely that the New Deal will be extended.

As far as Britain's role in Europe is concerned, Labour advocates joining the euro once the right economic conditions have been achieved, and is committed to a referendum on this point.

Conservatives

The Conservatives' plans for public spending appear to take Labour's estimates as a basis, but then cut £35bn of waste from the total. After ploughing the majority of that back into front line spending, some £12bn of total savings will be made, which can be applied to tax cuts (or, if you are cynical, which will allow the budget to be balanced if the tax take falls as the economy weakens). These plans are disputed by Labour, which asserts that the Conservatives have double counted some of Labour's own cutbacks identified in the Gershon Report.

As you would expect, the Conservatives propose a 'lower tax economy'. However, their proposals for tax breaks for the lower paid and for pensioners make them look more like the Labour Party than the Labour Party itself. Like Labour, though, they are wary of committing themselves to specific tax cuts.

While business taxation doesn't figure significantly, separate policy documents show that the Conservatives have been doing some interesting thinking around the subject. For instance, capital gains tax might be reduced to 10 per cent on all assets (thus getting rid of the distinction between business and non-business assets for taper relief). The party also promises to simplify taxation for small businesses. That might come in several ways, for instance by merging PAYE and NI, which would relieve businesses of month-end headaches.

The Conservatives plan to slice and dice the DTF. The Small Business Service will be abolished; instead, small firms are likely to receive subsidies to access advice from commercial firms.

The Conservatives' plans for deregulation are

more radical than Labour's. They would introduce a deregulation bill, which would, among other things, scrap the best value regime for local government. They would provide exemption from many regulations for small businesses, as well as looking at the impact cost of new regulations and introducing a sunset clause, so that regulations would lapse unless renewed by Parliament.

While in some areas the traditional left/right policy divide is no longer effective, it's easy to recognise employment policy as one area where it still works well. The Conservatives will, in particular, look to buy out of the Social Chapter, including the working hours directive, making it easier for businesses to fire staff and putting the burden of proof firmly on employees in tribunal cases. However, the Conservatives are now committed to keeping the minimum wage and implementing the latest increase should they be elected.

Unlike the other two parties, the Conservatives are opposed to Britain joining the euro. That's not surprising in what reads as a fairly anti-EU manifesto, though it doesn't go as far as advocating withdrawal from the EU.

Liberal Democrat

On public spending, the Liberal Democrats stand out as being the relatively high spending party, with commitments in particular to reform pensions completely and end student fees.

Unlike the other parties, the Liberal Democrats have been very upfront with their tax plans, including a higher rate of tax, at 50 per cent, for those earning over £100,000. They also make a firm promise that this will always be the highest marginal

The Tories have been doing some interesting thinking

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In a radical move, the Lib Dems propose to abolish the DTI entirely

rate – including local income tax (which will not take account of income in excess of £100,000). And for businesses, they point out that they don't believe in windfall taxes – a comment obviously meant to damage the Labour Party which is widely seen as likely to introduce such a tax.

The Lib Dems intend to simplify business taxation, particularly for small businesses. They have continually opposed IR35, which they see as a constraint on the competitiveness of the IT sector, so a repeal is on the cards. There is also a manifesto promise to reduce business rates for small businesses. For businesses whose properties have a rateable value of less than £25,000, that could add up to a £600 a year tax break.

In a very radical move, the Lib Dems propose to abolish the DTI entirely. They will have a minister for consumer affairs and a separate minister for business within the Treasury. They will also scrap the Small Business Service, delivering business support through the Regional Development Agencies instead. Deregulation is a strong theme, with proposals for a sunset clause on all regulation, and for independent assessment of the cost and impact of all new regulations.

The Liberal Democrats appear to promise few changes to the current state of employment rights. But they do offer an interesting new maternity support package aimed at low paid women, and though its exact funding status is unclear, it appears that the Government rather than the employer will pick up the tab. If that's right it could be a godsend for small businesses. Like the Labour Party, the Liberal Democrats are pro-euro, but promise a referendum.

Summary

From looking at the parties' manifestos and websites, as well as the media, it's apparent that the economy is being given less emphasis in this election than personal issues, and business is being given even less emphasis.

The election so far is being fought on issues such as the NHS, education, crime and immigration, not on business issues. In fact the Tory 'action on the economy' focuses mainly on pensions and value for money in public spending – it has very little to say about the commercial and industrial heart of the economy.

Perhaps that's a backhanded compliment to Labour's management of the economy – it's only when things are going relatively well that voters can ignore the economy in their assessment of the parties' manifestos. It also reflects the fact that all three major parties accept a free market economy as the basis for their plans – which wasn't the case, say, 20 years ago.

But it is a problem for business that it has such a low profile this time round. Look at the 'stakeholder manifestos' on epolitix.com and it's obvious that the level of detail proposed by, for instance, the Institute of Chartered Accountants or Federation of Small Businesses, is just not present in the manifestos.

In particular, a number of stakeholders pick out the difficulty of finding finance for small businesses as a major issue – not one of the political parties seems to get the point here. Perhaps individual business owners need to start taking these issues up with their MPs and other parliamentary candidates? ☹

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SEASONS

in the sun



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Coming events

APRIL 25

RPSGB Aberdeen & North East Scottish

Meeting will be held in the Atholl Hotel, King's Gate, Aberdeen. Refreshments from 7pm, meeting at 7.30pm

APRIL 26

RPSGB Ayrshire Branch

AGM followed by cheese and wine tasting at Gailles Lodge, Glasgow Gailles, by Irvine at 7.30pm

MAY 10

RPSGB Gwent Branch

Meeting on 'Organisation of the Society and Developments Underway'. Speaker – Rob Darracott (Director of Corporate & Strategic Development, RPSGB). Venue – The Angel Hotel, Abergavenny. Gwent Branch AGM at 7pm, buffet at 7.30pm, meeting start at 8pm

RPSGB Ipswich & Suffolk Branch

Meeting on 'CPD – How are you progressing?' Speaker – Mike

Jillings, RPSGB Branch CPD facilitator for Norfolk, Suffolk & Cambridgeshire. AGM from 9pm. Venue – Cedars Hotel, Stowmarket. 7.30 for 8pm start, buffet and coffee from 7.30pm

MAY 12

RPSGB Weald of Kent Branch

Meeting on 'The Pharmacy Contract – where are we now?' Speaker – Stephen Lutener, PSNC. Sarah Ridgway-Green, RPSGB CPD facilitator will give a short presentation at 8pm on the Society's CPD toolkit prior to the main speaker. Venue – Ramada Jarvis Hotel Pembury TN2 4QL.

MAY 18

RPSGB South Cheshire Branch

Meeting on CPD Peer review session, advice and support from Rob Saunders, local CPD facilitator. Venue – Fourways Inn, Oakmere (A556). 7.30pm meal for 8pm meeting.



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Appointments

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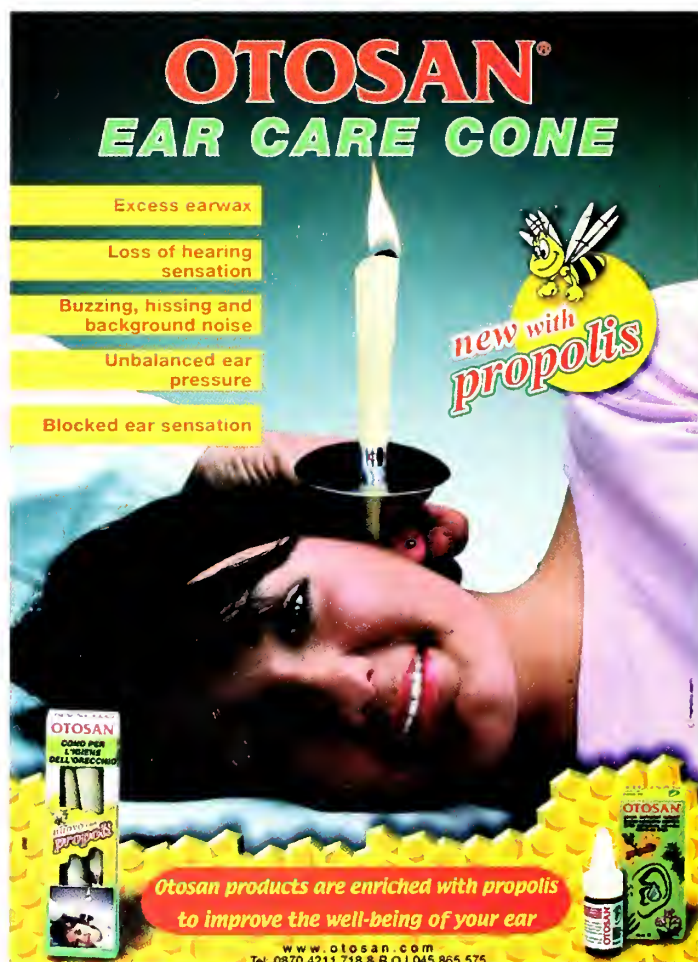
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Back ISSUES

Boat needed

Although many of you will have already given to the tsunami appeal, PSNC's head of pharmacy practice is asking you to dig deep once more.

Barbara Parsons was in a beach cabana in Tangalle, Sri Lanka when the tsunami struck on December 26. Luckily, friends she had made during her last three visits to the island helped her to safety, but upon returning to their nearby home town of Ambalangoda, they discovered their homes and fishing fleet had been destroyed.

The town is not a tourist resort

and is dependent on its fishing industry, so Barbara has set up an appeal to buy a boat. She says: "I know there has been a lot of fundraising but I am hearing directly that not much has yet got through. All the money raised will be used to directly help the people that need it. Any surplus money will be donated to the Rebuilding Sri Lanka project which is working to provide relief in South West Sri Lanka."

For more information and details on how to donate, Barbara can be contacted via the e-mail address bp Parsons30@aol.com.



The Ambalangoda fishing fleet was destroyed by last year's tsunami disaster

Work on POM to P switches and staff attitudes towards technicians performing final dispensing checks led to Tandeep Gill being awarded Manor Pharmacy's best pre-registration project prize recently. Professional services manager Alison Cawdell said that although the standard of projects submitted by the pre-registration pharmacists working across the East Midland chain was "very high", Tandeep's projects had been judged "excellent". Based at the company's Ruddington branch in Nottingham, Tandeep is receiving his prize of a personal digital organiser from pre-registration trainee co-ordinator Steven Carter



Climb every mountain

Well done to Genevieve Quarmby and Louise van Vliet, who scaled Mount Kilimanjaro to raise over £6,200 for Cancer Research UK.

Genevieve, a Sandoz pharmacy sales executive, and Louise, a medical representative for Merck Sharp & Dohme, spent a week trekking the Machame route up the mountain which, at 5,896 metres high, is Africa's highest peak.

The climb started with rainforest, but rose through different vegetation zones before ending in highland desert. The final ascent to Uhuru Peak required a climb through the night and early morning (wearing

five layers of clothes) before reaching the summit, after sunrise, at 8.30am.

Genevieve said: "It was not an easy climb and there were times when we had to really dig deep psychologically to keep going as most of us had never experienced the effects of altitude. The thought that we were there for a very worthy cause was at the forefront of our minds."

Anyone wishing to contribute can send cheques (made out to Cancer Research UK) for Genevieve's attention to 7 Beech Court, 69 Wood Vale, London SE23 3DW.

Appointment



Nick Adams

Mawdsleys has appointed **Nick Adams** to the position of marketing manager. Mr Adams, who spent 11 years with Boots The Chemist, has moved to the wholesaler from photographic retailer Jessops where he was a marketing executive.

Alan Ker has moved from UniChem to sister company OTC Direct as sales director. In addition to heading OTC Direct's newly-formed sales team, Mr Ker will be responsible for all sales functions within the company, including distribution and warehouse activities.

Healthcare group Ark Therapeutics has announced the appointment of **David Eckland** as research and drug development head. Dr Eckland has moved from Takeda Europe where he spent eight years, most recently as managing director of the company's R&D centre.

Fred Hallsworth has been named a non-executive director of ML Laboratories, the pharmaceutical development company. Mr Hallworth is a chartered accountant and, until recently, was senior client service partner at financial firm Deloitte.

Sandoz's Genevieve Quarmby and MSD's Louise van Vliet started their trek in the rainforest at Mount Kilimanjaro's base





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STOP HAYFEVER

BEFORE IT GOES ANY FURTHER

Your customers don't want to just treat their hayfever. They want to prevent it - which makes Nasaleze the answer to their prayers. Nasaleze is a fast acting, clinically proven, natural powder spray that turns noses into allergen traps. So when pollen gets to the nose - that's as far as it goes. Tell them all about Nasaleze - treats the cause not the symptoms.

For more information contact your Dendron representative or telephone 01923 205704.

NASALEZE BECAUSE PREVENTION IS BETTER THAN CURE
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